,2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCU 1. Entity Nam		# L0300001054	0				 FIL	ED			
BOCA EX	ECUTIVE	CENTER, L.L.C.		*. • *			04 JUL -7		53		
Principal Place of Business: Mailing Address						7	CECDED & 0.4	COL SII	а ТЕ		
1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON FL 33432			1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON FL 33432			00	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #. etc.			Suite, Apt. #, etc.				MOORE CR2E083 (11/03)				
City & State			City & State			4. FEI Numb	。 365240.	3		plied For t Applicable	
Zip		Country	Zip	Cour	ntry		. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered A	gent		
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181	RTÓN, SA 9 MAIN S RASOTA I	ST., SUITE 610			Street Addres	s (P.O. Box Numb	er is Not Acceptable)				
					City				Zip Code		
								FL			
8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing i	ts register	red office or regis	tered agent, or bo	th, in the State of Flori	ida. I am fa	ımiliar with, a	and accept	
SIGNATURE											
	Digitals 6, 17900	or printed harite or logistered ages is a	PROFESSION CONTRACTOR OF THE PROFESSION OF THE P	10771243740	KE BARANAN MANA	HOPE CORON BOOK		DATE			
			Make Check Paya		FEE IS \$50.00						
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9.		MANAGING MEMBER	E. E. T. C. S.	10.	STEEL ST		ADDITIONS/0	CHANCES			
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indicated	l on this repo	e information supplied with rt is true and accurate and ny or the receiver or trustee	that my signature shall hav	re the sam	ne legal effect as i	if made under oatl	h, that I am a managi	ng member	r or manage	r of the	

SIGNATURE: ROBERT E. BRIDGES UP 010C B/3/04 561-347-1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Davigne Phone #