

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90026 039 ****50.00

DOCUMENT # L03000012823

1. Entity Name
BLACK BOX 2, LLC



Principal Place of Business
**1951 NW 19TH STREET
SUITE 100
BOCA RATON, FL 33431 US**

Mailing Address
**1951 NW 19TH STREET
SUITE 100
BOCA RATON, FL 33431 US**

24065114



2. Principal Place of Business
5200 Town Center Circle

3. Mailing Address
5200 Town Center Circle

04082004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.
306

Suite, Apt. #, etc.
306

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number
81-0606647

Applied For
Not Applicable

Zip
33486

Country
USA

Zip
33486

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINE, NORMAN D
1951 NW 19TH STREET
SUITE 100
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

5200 Town Center

City **Boca Raton**

FL

Zip Code **33486**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FINE, NORMAN D
1951 NW 19TH STREET # 100
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5200 Town Center Circle Suite 306
Boca Raton FL 33486** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/04 561-750-0800

Date Daytime Phone #