

# ANNUAL REPORT

**DOCUMENT # L03000012823**

1. Entity Name  
BLACK BOX 2, LLC



**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
5200 TOWN CENTER CIRCLE  
306  
BOCA RATON, FL 33486 US

Mailing Address  
5200 TOWN CENTER CIRCLE  
306  
BOCA RATON, FL 33486 US



04172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0606647

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FINE, NORMAN D  
5200 TOWN CENTER  
BOCA RATON, FL 33486

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | MGRM                              |
| NAME           | FINE, NORMAN D                    |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE SUITE 306 |
| CITY-ST-ZIP    | BOCA RATON, FL 33486              |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

U00000537874  
05/03/06-80034-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

Norman D Fine

4/26/06

261 750 8800

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

Date

Daytime Phone #