2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000015518

1. Entity Name
BOCA HARBOUR 810, LLC

Principal Place of Business	Mailing Address
11555 HERON BAY BLVD. SUITE 200 CORAL SPRINGS, FL 33076 US	11555 HERON BAY BLVD. SUITE 200 CORAL SPRINGS, FL 33076 US

DO NOT WRITE IN THIS SPACE

04132005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
55-0828880	Not Applicable

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

6. Name and Address of Current Registered Agent

WAROFF, MICHAEL G
11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076

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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, 2005**

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RAMELLE, LLC
STREET ADDRESS	11555 HERON BAY BLVD STE 200
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/20/05-80044-019 50.00

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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, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #