

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000015518**

1. Entity Name  
**BOCA HARBOUR 810, LLC**



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

Mailing Address  
**11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076 US**



03302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0828880**

Applied For  
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**

**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, word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when completed)

DATE \_\_\_\_\_

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

9. **MANAGING MEMBERS/MANAGERS**

|                                                |                                                                                           |
|------------------------------------------------|-------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>RAMELLE, LLC<br/>11555 HERON BAY BLVD STE 200<br/>CORAL SPRINGS, FL 33076</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**U00000523642  
05/03/06-80080-018 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #