, 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000015518

1. Entity Name BOCA HARBOUR 810, LLC



FILED Apr.16, 2007 08:00 A Secretary of State

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

CR2E083 (11/05)

4. FEI Number 55-0828880

Applied For Not Applicable

5. Certificate of Status Desired

04102007 No Chg-LLC

\$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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8.	The above named entity submits this statement for the purpose of change	ing 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, 2007

000000708658 <u>04/24/07-80124-011_58.00</u>

Due by May 1, 2007		
9.	, MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM RAMELLE, LLC 11555 HERON BAY BLVD STE 200 CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS	·	

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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 ecouver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4-13-07

954-603-0500

Daytime Phone #