


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90082 012 \*\*\*138.75

**DOCUMENT # L03000030884**

1. Entity Name  
**BOCA FEDERAL I LLC**



Principal Place of Business <b>980 NORTH FEDERAL HIGHWAY          SUITE 200          BOCA RATON, FL 33432</b>	Mailing Address <b>980 NORTH FEDERAL HIGHWAY          SUITE 200          BOCA RATON, FL 33432</b>
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**60041714**



2. Principal Place of Business - No P.O. Box # <b>1500 Gateway Blvd.</b>	3. Mailing Address <b>1500 Gateway Blvd.</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>

04242008 Chg-LLC CR2E083 (12/06)

City & State <b>Boynton Bch, Fl</b>	City & State <b>Boynton Bch, Fl</b>
Zip <b>33426</b>	Country
Zip <b>33426</b>	Country

4. FEI Number <b>20-0838687</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**KLEPPER, CARL  
 980 NORTH FEDERAL HIGHWAY  
 SUITE 200  
 BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

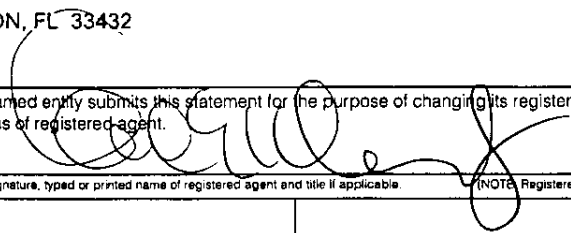
Name **Carl Klepper**

Street Address (P.O. Box Number is Not Acceptable)  
**1500 Gateway Blvd**

**Suite 200**

City **Boynton Beach** **FL** Zip Code **33426**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

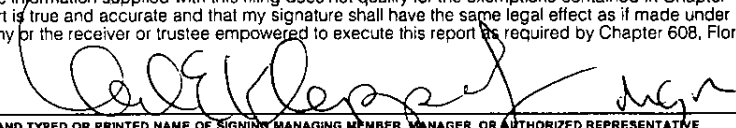
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**



9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEPPER, CARL E JR. 980 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPARATO, JAMES 980 NORTH FEDERAL HIGHWAY #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANGELO, ROBERT 980 N FED HWY STE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd. #200 Boynton Beach, Florida 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd. #200 Boynton Beach, Florida 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd. #200 Boynton Beach, Florida 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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