

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90110 003 ****50.00

DOCUMENT # L03000030894											
1. Entity Name BOCA FEDERAL III LLC											
Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432			Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 20-0363361							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent SKATOFF, JEFFREY H 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Name CARL KLEPPER</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Street Address (P.O. Box Number is Not Acceptable) SUITE 980 N FEDERAL HWY 200</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City BOCA RATON</td> <td style="border-bottom: 1px solid black;">Zip Code FL 33432</td> </tr> </table>				Name CARL KLEPPER		Street Address (P.O. Box Number is Not Acceptable) SUITE 980 N FEDERAL HWY 200		City BOCA RATON	Zip Code FL 33432
Name CARL KLEPPER											
Street Address (P.O. Box Number is Not Acceptable) SUITE 980 N FEDERAL HWY 200											
City BOCA RATON	Zip Code FL 33432										
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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">SIGNATURE </td> <td style="width: 40%; border-bottom: 1px solid black;">DATE 4-17-07</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</p>						SIGNATURE	DATE 4-17-07				
SIGNATURE	DATE 4-17-07										
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES								
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	KLEPPER, CARL E JR.		NAME								
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY		STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP								
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	COMPARATO, JAMES		NAME								
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY #200		STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP								
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	DANGELO, ROBERT		NAME								
STREET ADDRESS	980 N FEDERAL HWY STE 200		STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
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:			4-17-07								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #								

10/1010/6030