

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-15-2008 90078 023 \*\*\*138.75

<b>DOCUMENT # L03000030894</b>			
<b>1. Entity Name</b> BOCA FEDERAL III LLC		<b>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>2. Principal Place of Business - No P.O. Box #</b> 1500 Gateway Blvd Suite, Apt. #, etc. Suite 200 City & State Boynton Bch, FL Zip 33426 Country		<b>3. Mailing Address</b> 1500 Gateway Blvd Suite, Apt. #, etc. Suite 200 City & State Boynton Bch, FL Zip 33426 Country	
<b>4. FEI Number</b> 20-0363361		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>04242008 Chg-LLC CR2E083 (12/06)</b>	
<b>6. Name and Address of Current Registered Agent</b>  KLEPPER, CARL 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432		<b>7. Name and Address of New Registered Agent</b> Name <u>Carl Klepper</u> Street Address (P.O. Box Number is Not Acceptable) <u>1500 Gateway Blvd</u> <u>Suite 200</u> City <u>Boynton Bch, FL</u> <b>FL</b> Zip Code <u>33426</u>	
<b>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.</b> SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEPPER, CARL E JR. 980 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1500 Gateway Blvd #200 Boynton Bch, FL 33426 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPARATO, JAMES 980 NORTH FEDERAL HIGHWAY #200 BOCA RATON, FL 33432 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1500 Gateway Blvd #200 Boynton Bch, FL 33426 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANGELO, ROBERT 980 N FEDERAL HWY STE 200 BOCA RATON, FL 33432 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1500 Gateway Blvd #200 Boynton Bch, FL 33426 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
<b>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.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> Mgr		Date _____ Daytime Phone # _____	