2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 04, 2004 8:00 am Secretary of State **DOCUMENT # L03000031073** 1. Entity Name 05-04-2004 90018 026 ****50.00 BOYNTON BEACH BOULEVARD, LLC Principal Place of Business Mailing Address 1401 UNIVERSITY DR, STE. 200 CORAL SPRINGS FL 33071 1401 UNIVERSITY DR, STE. 200 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For X Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANT, MARK F ESQ Street Address (P.O. Box Number is Not Acceptable) C/O RUDEN, MCCLOSKY, SMITH ET AL. 200 EAST BROWARD BLVD, STE 1500 FORT LAUDERDALE FL 33301 City Zip Code 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Addition TITLE ☐ Delete G.L. Homes of BoyNton Beach NAME NAME Associates X LLLP STREET ADDRESS STREET ADDRESS DA #200 401 UNIVERSIT CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP

FILED

N. Maria Menendez, Vice President /0 4 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.