2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED DOCUMENT # L03000032061 2005 APR -7 PM 2: 16 1. Entity Name BOCA PROFESSIONAL REAL ESTATE, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5301 NORTH FEDERAL HIGHWAY, SUITE 130 BOCA RATON FL 33487 5301 NORTH FEDERAL HIGHWAY, SUITE 130 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 32-0089824 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REYER, JAMES Street Address (P.O. Box Number is Not Acceptable) 5301 NORTH FEDERAL HIGHWAY, SUITE 130 **BOCA RATON FL 33487** 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 if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITL F ☐ Delete TITLE ☐ Change ☐ Addition DEMARIE, ELLEN NAME NAME 5301 NORTH FEDERAL HIGHWAY, SUITE 130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Addition NAME DEMARIE, MICHAEL 5301 NORTH FEDERAL HIGHWAY, SUITE 130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME REYER, LINDA STREET ADDRESS STREET ADDRESS 5301 NORTH FEDERAL HIGHWAY, SUITE 130 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition TITLE ☐ Delete REYER, JAMES 5301 NORTH FEDERAL HIGHWAY, SUITE 130 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-Z/P CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition NAME NAME STRE! I ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 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. SIGNATURE:

Daytime Phone #

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