
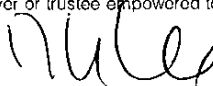


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90370 020 \*\*\*\*50.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L03000037677</b><br>1. Entity Name<br><b>BOCA GROVE RL, LLC</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>333 SOUTH KIRKWOOD ROAD<br/>SUITE 200<br/>ST. LOUIS MO 63122<br/>US</b>  |   |  | Mailing Address<br><b>333 SOUTH KIRKWOOD ROAD<br/>SUITE 200<br/>ST. LOUIS MO 63122<br/>US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  |
| 4. FEI Number <b>NO-T APPLICABLE</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>LEHMAN, GARY<br/>201 SOUTH BISCAYNE BOULEVARD<br/>MIAMI FL 33131</b>  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |   |  |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>MGRM<br/>LEHMAN, RICHARD C<br/>333 SOUTH KIRKWOOD ROAD, SUITE 200<br/>ST. LOUIS MO 63122</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>SIGNATURE:</b>   |   |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |   |   |  |



1st MOORE CR2E083 (10/06)

**NO-T APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**LEHMAN, GARY  
201 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

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, 2007**

## 9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGRM<br/>LEHMAN, RICHARD C<br/>333 SOUTH KIRKWOOD ROAD, SUITE 200<br/>ST. LOUIS MO 63122</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |
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## 10. ADDITIONS/CHANGES

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

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

Date

Daytime Phone #