

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

02-23-2004 90342 050 ****50.00

DOCUMENT # L03000038352			
1. Entity Name SUTTON BOCA ONE DEVELOPERS LLC			
Principal Place of Business 1801 CLINTMORE RD., STE. 204 BOCA RATON FL 33487		Mailing Address 1801 CLINTMORE RD., STE. 204 BOCA RATON FL 33487	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent YUDELL, DAVID 1801 CLINTMORE RD., STE. 204 BOCA RATON FL 33487		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME DAVID Yudell member STREET ADDRESS 1801 Clintmore Rd CITY-ST-ZIP BOCA RATON, FL 33487	☒ Delete	TITLE NAME PRINCIPAL	☐ Change ☐ Addition
TITLE NAME JULIUS YUBELL, TRUST STREET ADDRESS 17290 CORAL COVE WAY CITY-ST-ZIP BOCA RATON, FL 33496	☐ Delete	TITLE NAME MANAGING MEMBER	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: DAVID Yudell		2/14/04 581990-6055	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	