

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039352

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

83-0378771

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. 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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **YUDELL, DAVID**
STREET ADDRESS **1801 CLINT MOORE ROAD**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGRM** ☐ Delete
NAME **JULIUS YUDELL, TRUST**
STREET ADDRESS **17290 CORAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS **1800000445246**
CITY-ST-ZIP **03/07/06 80036 005 50.00**

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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CITY-ST-ZIP

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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

2/20/06

561 498 604