

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000046708

1. Entity Name
BOCA GROVE PLAZA, L.L.C.



Principal Place of Business
**1197 S. ROGERS CIRCLE
BOCA RATON, FL 33487**

Mailing Address
**1197 S. ROGERS CIRCLE
BOCA RATON, FL 33487**



04242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0620243	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUPO, JACK
1197 S. ROGERS CIRCLE
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 first filing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUPO, JACK 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, DALE 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487
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05/15/07-80129-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____