

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011493

FILED
Jan 10, 2005
Secretary of State

Entity Name: BOCA MANAGEMENT LLC

Current Principal Place of Business:

8567 DYNASTY DRIVE
BOCA RATON, FL 33433 US

New Principal Place of Business:

P.O. BOX 880851
BOCA RATON, FL 33488 US

Current Mailing Address:

8567 DYNASTY DRIVE
BOCA RATON, FL 33433 US

New Mailing Address:

P.O. BOX 880851
BOCA RATON, FL 33488 US

FEI Number: 80-0096331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVEY, NEIL D
8567 DYNASTY DRIVE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

LAVEY, NEIL D
3707 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434 US

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.

SIGNATURE: NEIL D. LAVEY

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LAVEY, MARIE
Address: 6646 VILLA SONRISA DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAVEY, NEIL D
Address: P.O. BOX 880851
City-St-Zip: BOCA RATON, FL 33488 US

Title: MGR () Change (X) Addition
Name: JARVIE, SUSAN T
Address: P.O. BOX 880851
City-St-Zip: BOCA RATON, FL 33488

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NEIL D. LAVEY

MGR

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date