

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011751

FILED
Apr 25, 2007
Secretary of State

Entity Name: BOCA NORTH PROPERTY, LLC

Current Principal Place of Business:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-0721330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MBR () Delete
Name: FALCON COMMERCIAL DE, VELOPMENT LLC
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MBR () Delete
Name: ANTENUCCI, ALBO JR
Address: 1951NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FALCON COMMERCIAL DE, VELOPMENT LLC
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Change () Addition
Name: ANTENUCCI, ALBO JR
Address: 1951NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARTHUR FALCONE

MGRM

04/25/2007

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