

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012208

Entity Name: BOCA RATON PARTNERS, LLC

FILED  
Mar 27, 2006  
Secretary of State

## Current Principal Place of Business:

400 SOUTH DIXIE HIGHWAY  
BUILDING 2  
BOCA RATON, FL 33432

## Current Mailing Address:

PO BOX 51569  
LIGHTHOUSE POINT, FL 33074

## New Principal Place of Business:

400 SOUTH DIXIE HIGHWAY  
SUITE 220  
BOCA RATON, FL 33432

## New Mailing Address:

400 SOUTH DIXIE HIGHWAY  
SUITE 220  
LIGHTHOUSE POINT, FL 33074

FEI Number: 20-0922994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERKINS, PAUL B  
400 SOUTH DIXIE HIGHWAY  
BUILDING 2  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

PERKINS, PAUL B  
400 SOUTH DIXIE HIGHWAY  
SUITE 220  
BOCA RATON, FL 33432 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: PAUL B. PERKINS

03/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PERKINS, PAUL B  
Address: 400 SOUTH DIXIE HIGHWAY, BUILDING 2  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PERKINS, PAUL B  
Address: 400 SOUTH DIXIE HIGHWAY, SUITE 220  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL B. PERKINS

MGRM

03/27/2006

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