

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000013402

Entity Name: BOCA BAY III, LLC

FILED  
Sep 21, 2006  
Secretary of State

**Current Principal Place of Business:**

2486 N STATE ROAD 7  
MARGATE, FL 330635743

**New Principal Place of Business:**

**Current Mailing Address:**

2486 N STATE ROAD 7  
MARGATE, FL 330635743

**New Mailing Address:**

FEI Number: 20-0748786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NICKERSON, JOE  
2486 N STATE ROAD 7  
MARGATE, FL 330635743 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: JOE NICKERSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NICKERSON, JOE  
Address: 18251 181ST CIRCLE SOUTH  
City-St-Zip: BOCA RATON, FL 334981636

Title: MGRM (X) Delete  
Name: MOORES, JONATHAN E  
Address: 5283 WASHINGTON ROAD  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM ( ) Delete  
Name: BAGHDOIAN, KEVIN  
Address: 22485 SW 61 ST WAY C136  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM (X) Delete  
Name: POULOS, WILLIAM  
Address: 62706 RIVERWALK LN  
City-St-Zip: JUPITER, FL 33458

Title: MGRM ( ) Delete  
Name: GLAVIN, MIKE  
Address: 22485 SW 61ST WAY C136  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: GLAVIN, MIKE  
Address: 22485 SW 61ST WAY C136  
City-St-Zip: BOCA RATON, FL 33428

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: MIKE GLAVIN

PRES

09/21/2006

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