

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90348 027 ****55.00

DOCUMENT # L04000015099

1. Entity Name
11903 SOUTHERN BOULEVARD, LLC



Principal Place of Business
C/O RANA M. GORZECK
2500 N. MILITARY TRAIL, SUITE 480
BOCA RATON, FL 33431

Mailing Address
C/O RANA M. GORZECK
2500 N. MILITARY TRAIL, SUITE 480
BOCA RATON, FL 33431



2. Principal Place of Business
410 Trent Boggess
Suite, Apt. #, etc.
671 S. Ocean Blvd.
City & State
Boca Raton, FL

3. Mailing Address
410 Trent Boggess
Suite, Apt. #, etc.
671 S. Ocean Blvd.
City & State
Boca Raton, FL

02262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
42-1626035
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

Zip
33432
Country

Zip
33432
Country

6. Name and Address of Current Registered Agent

BDB AGENT CO.,
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOGGESE, JERRY R
2500 N. MILITARY TRAIL, SUITE 480
BOCA RATON, FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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: Trent Boggess President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/9/06 (561) 299-8091
Date Daytime Phone #