2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023142

Name:

Address:

City-St-Zip:

Entity Name: BOCAGRANDPH06 HOLDINGS LLC

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18871 NW 84TH COURT #1004 8615 NW 189 LN ST MIAMI, FL 33016 3706 MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** 18871 NW 84TH COURT #1004 BAMCO CCS 084 PO BOX 5322 MIAMI, FL 33016 MIAMI, FL 33102 FEI Number: 20-0954159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: PUIGMARTI, RAMCEY PUIGMARTI, RAMCEY 18871 NW 84TH COURT #1004 BAMCO CCS 084 PO BOX 5322 MIAMI, FL 33016 MIAMI, FL 33102 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: 05/02/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: () Delete Title: (X) Change () Addition PUIGMARTI, RAMCEY PUIGMARTI, RAMCEY Name: Name: Address: 18871 NW 84TH COURT #1004 Address: BAMCO CCS 084 PO BOX 5322 City-St-Zip: MIAMI, FL 33016 City-St-Zip: MIAMI, FL 33102 Title: Title: MGR () Change (X) Addition () Delete Name: Name: KREFT, DORA A Address: Address: CCCT NIVEL C2 SECTOR YAREY OFPB01 City-St-Zip: City-St-Zip: CHUAO CARACAS, MI 1064 VE Title: () Delete Title: () Change (X) Addition Name: MENDEZ, MAYAURI Name: CCCT NIVEL C2 SECTOR YAREY OFPB01 Address: Address: City-St-Zip: City-St-Zip: CHUAO CARACAS, MI 1064 VE Title: () Delete Title: TD () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

MUNOZ, RAMON E

CCCT NIVEL C2 SECTOR YAREY OFPB01

CHUAO CARACAS, MI 1064 VE

SIGNATURE: RAMCEY PUIGMARTI MGR 05/02/2005