2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023142

Entity Name: BOCAGRANDPH06 HOLDINGS LLC

CCCT NIVEL C2 SECTOR YAREY OFPB01

CHUAO CARACAS, MI 1064 VE

Address:

City-St-Zip:

FILED May 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8615 NW 189 LN ST 8615 NW 189TH LN 3706 3706 MIAMI, FL 33015 MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** BAMCO CCS 084 PO BOX 25322 MIAMI, FL 331025322 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 BAMCO CCS 084 8615 NW 189TH LN PO BOX 5322 3706 MIAMI, FL 33102 US MIAMI, FL 33015 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: 05/03/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete PUIGMARTI, RAMCEY Name: Name: Address: BAMCO CCS 084 PO BOX 25322 Address: City-St-Zip: MIAMI, FL 33102 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KREFT, DORA A Name: Address: CCCT NIVEL C2 SECTOR YAREY OFPB01 Address: City-St-Zip: CHUAO CARACAS, MI 1064 VE City-St-Zip: Title: () Delete Title: () Change () Addition MENDEZ, MAYAURI Name: Name: CCCT NIVEL C2 SECTOR YAREY OFPB01 Address: Address: City-St-Zip: CHUAO CARACAS, MI 1064 VE City-St-Zip: Title: TD () Delete Title: () Change () Addition MUNOZ, RAMON E Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RAMCEY PUIGMARTI MGR 05/03/2007