
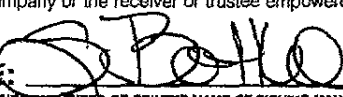


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L04000024338 1. Entity Name BOTKO-OKEN-STRAUS, LLC		
Principal Place of Business 21374 FALLS RIDGE WAY BOCA RATON, FL 33428	Mailing Address 21374 FALLS RIDGE WAY BOCA RATON, FL 33428	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FERDIE, AINSLEE R ESQ. 717 PONCE DE LEON BLVD., SUITE 215 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAUS, MARC J 10329 BUENA VENTURA DRIVE BOCA RATON, FL 33498	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTKO, SHARON O 21374 FALLS RIDGE WAY BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		3/19/06 561-703-3112 Date Daytime Phone #



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

1100000477655
04/06/06-80059-024 50.00