

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025134

1. Entity Name
BOCA COMMERCE PARK, LLC



Principal Place of Business
3111 FORTUNE WAY, SUITE B-18
WELLINGTON, FL 33414

Mailing Address
3111 FORTUNE WAY, SUITE B-18
WELLINGTON, FL 33414



04272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1013000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLMAN, NANCY B ESQ.
150 E. PALMETTO PARK RD., STE. 750
BOCA RATON, FL 33432

**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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PECHTER, JACK 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LORING, DAVID 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIMMELRICH, SHELLY 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/17/06-80127-002 50.00

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IN THIS SPACE**

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

Date _____

Daytime Phone # _____