

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032219

FILED
Jan 03, 2007
Secretary of State

Entity Name: BOCA BEACH PROPERTIES I, LLC

Current Principal Place of Business:

951 N.W. 13TH STREET
SUITE 5D
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

951 N.W. 13TH STREET
SUITE 5D
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0447124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEXLER, JERRY R
951 N.W. 13TH STREET
SUITE 5D
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEXLER, JERRY R
Address: 951 N.W. 13TH STREET, SUITE 5D
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: BLANCO, JACK
Address: 951 N.W. 13TH STREET, SUITE 5D
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: LASKAS, SUZANNE
Address: 951 N.W. 13TH STREET, SUITE 5D
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JERRY R WEXLER

MGRM

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date