


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90093 018 ****55.00

DOCUMENT # L04000038598 1. Entity Name BOCA SHORES CONSULTING, LLC					
Principal Place of Business 11307 SEA GRASS CIRCLE BOCA RATON, FL 33498			Mailing Address 11307 SEA GRASS CIRCLE BOCA RATON, FL 33498		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-1157932 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOFFEL, CARLOS A 11307 SEA GRASS CIRCLE BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>C. Stoffel</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/29/05</u>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOFFEL, CARLOS A 11307 SEA GRASS CIRCLE BOCA RATON, FL 33498	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STOFFEL, RUTILEIA 11307 SEA GRASS CIRCLE BOCA RATON, FL 33498	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>C. Stoffel</i></u> DATE <u>7/29/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					