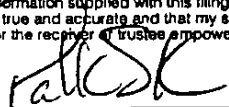


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-03-2005 90019 001 ****50.00

DOCUMENT # L04000040701 1. Entity Name B & L ASSOCIATES OF BOYNTON LLC					
Principal Place of Business 200 CONGRESS PARK DR, SUITE 100 DELRAY BEACH, FL 33445			Mailing Address 200 CONGRESS PARK DR, SUITE 100 DELRAY BEACH, FL 33445		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02012005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1206849				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent STEVEN M. AUERBACHER, PA 200 CONGRESS PARK DR, SUITE 100 DELRAY BEACH, FL 33445	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make Check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSE, PATRICK S 200 CONGRESS PARK DR, SUITE 100 DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSBY, CHRISTOPHER 200 CONGRESS PARK DR, SUITE 100 DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 recipient of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  3/21/05 201-341-6603					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30007844

