

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90064 016 ****50.00

DOCUMENT # L04000051971

1. Entity Name
COACH BOCA, LLC



Principal Place of Business

19495 BISCAYNE BOULEVARD
SUITE 705
AVENTURA, FL 33180

Mailing Address

19495 BISCAYNE BOULEVARD
SUITE 705
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE



07032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2475714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180

**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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOLDENBERG, BRIAN
STREET ADDRESS	19495 BISCAYNE BOULEVARD, SUITE 705
CITY- ST- ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	

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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 #

7/3/06