2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055822

1. Entity Name
BOYNTON DEVELOPMENT ASSOCIATES I, LLC

Principal Place of Business	Mailing Address
980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432	980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

20043371

04262006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-1518329		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SKATOFF, JEFFREY
980 NORTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432

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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	MGR
NAME	COMPARATO, JAMES
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	KLEPPER, CARL E JR
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #