



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90082 002 ***138.75

DOCUMENT # L04000055822															
1. Entity Name BOYNTON DEVELOPMENT ASSOCIATES I, LLC															
Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432			Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432												
2. Principal Place of Business - No P.O. Box # 1500 Gateway Blvd.		3. Mailing Address 1500 Gateway Blvd.													
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200													
City & State Boynton Bch, FL		City & State Boynton Bch, FL		4. FEI Number 20-1518329											
Zip 33426		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required											
6. Name and Address of Current Registered Agent KLEPPER, CARL 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name Carl Klepper</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address 1500 Gateway Blvd</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Suite Suite 200</td> </tr> <tr> <td style="padding: 5px;">City Boynton Beach</td> <td style="padding: 5px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Zip Code 33426</td> </tr> </table>			Name Carl Klepper		Street Address 1500 Gateway Blvd		Suite Suite 200		City Boynton Beach	FL	Zip Code 33426	
Name Carl Klepper															
Street Address 1500 Gateway Blvd															
Suite Suite 200															
City Boynton Beach	FL														
Zip Code 33426															
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. <table style="width:100%;"> <tr> <td style="width:40%;">SIGNATURE _____</td> <td style="width:40%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width:20%; text-align: right;">DATE _____</td> </tr> </table>						SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____							
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75															
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES												
TITLE MGR NAME COMPARATO, JAMES STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 200 CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME 1500 Gateway Blvd. #200 STREET ADDRESS Boynton Beach, Florida 33426 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE MGR NAME KLEPPER, CARL E JR STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 200 CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME 1500 Gateway Blvd. #200 STREET ADDRESS Boynton Beach, Florida 33426 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE MGR NAME D'ANGELO, ROBERT STREET ADDRESS 980 N FED HWY STE 200 CITY-ST-ZIP BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		TITLE NAME 1500 Gateway Blvd. #200 STREET ADDRESS Boynton Beach, Florida 33426 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
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: _____ <i>MGR</i>															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE															
Date _____ Daytime Phone # _____															