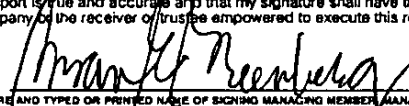


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 22, 2005 8:00 am
Secretary of State

04-11-2005 90046 048 ****50.00

DOCUMENT # L04000069433			
1. Entity Name 2151 BOCA RATON BLVD., L.L.C.			
Principal Place of Business 2151 BOCA RATON BLVD. BOCA RATON, FL 33431		Mailing Address 2151 BOCA RATON BLVD. BOCA RATON, FL 33431	
2. Principal Place of Business 2151 N.W. Boca Raton Blvd. Suite, Apt. #, etc. SUITE 100 City & State BOCA RATON FL Zip 33431 Country USA		3. Mailing Address 2151 N.W. Boca Raton Blvd. Suite, Apt. #, etc. SUITE 100 City & State BOCA RATON, FL Zip 33431 Country USA	
4. FEI Number 20-1700089		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GREENBERG, SUSAN ESQ. 2151 BOCA RATON BLVD. BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2151 N.W. BOCA RATON BOULEVARD SUITE 100 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
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	☐ 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
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		3/23/05 561 393 0565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30004299



01062005 Chg-LLC CR2E083 (10/03)