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.

30004299

01062005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
2151 BOCA RATON BLVD. BOCA RATON, FL 33431	2151 BOCA RATON BLVD. BOCA RATON, FL 33431

2. Principal Place of Business		3. Mailing Address	
2151 N.W. BOCA RATON BLVD.		2151 N.W. BOCA RATON BLVD.	
Suite, Apt. #, etc.: SUITE 100		Suite, Apt. #, etc.: SUITE 100	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33431	Country: USA	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	7. Name and Address of New Registered Agent
GREENBERG, SUSAN ESQ. 2151 BOCA RATON BLVD. BOCA RATON, FL 33431	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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: MEMBER MGRM NAME: JOHN & HOLLY SCHUTTLER (JTE) STREET ADDRESS: 2151 NW BOCA RATON BLVD. #100 CITY-ST-ZIP: BOCA RATON, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MEMBER MGRM NAME: BRYAN & SUSAN GREENBERG (JTE) STREET ADDRESS: 2151 NW BOCA RATON BLVD. #100 CITY-ST-ZIP: BOCA RATON, FL 33431	☐ 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

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: [signature] 3/23/05 561 393 0565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #