

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90201 012 ****50.00

DOCUMENT # L04000069433

1. Entity Name

2151 BOCA RATON BLVD., L.L.C.



Principal Place of Business

2151 NW BOCA RATON BLVD.
SUITE 100
BOCA RATON FL 33431

Mailing Address

2151 NW BOCA RATON BLVD.
SUITE 100
BOCA RATON FL 33431



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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 NW BOCA RATON BLVD.
SUITE 100
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete
NAME: JOHN MCLAY SCHUTLER (JTE)
STREET ADDRESS: 2151 NW BOCA RATON BLVD, STE 100
CITY- ST- ZIP: BOCA RATON FL 33431

TITLE: ☒ Change ☐ Addition
NAME: JOHN + HOLLY SCHUTTLER
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: MGRM ☐ Delete
NAME: BRYAN & SUSAN GREENBERG (JTE)
STREET ADDRESS: 2151 NW BOCA RATON BLVD, STE 100
CITY- ST- ZIP: BOCA RATON FL 33431

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Bryan S. Greenberg

1/19/07

561-391-9094