

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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 (10/07)

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 NW BOCA RATON BLVD.
SUITE 100
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SCHUTTLER, JOHN
STREET ADDRESS 2151 NW BOCA RATON BLVD, STE 100
CITY-ST-ZIP BOCA RATON FL 33431

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 MGRM ☐ Delete
NAME SCHUTTLER, HOLLY
STREET ADDRESS 2151 NW BOCA RATON BLVD STE 100
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000838230
CITY-ST-ZIP 03/05/08-80022-018 138.75

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

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

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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

Bryan Greenberg 2/22/08

Date

561-393-0565

Daytime Phone #