

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000086315 1. Entity Name BOCA ONE LLC. |  |
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| Principal Place of Business 1901 N.E 197 TERRACE MIAMI, FL 33179 | Mailing Address 1901 N.E 197 TERRACE MIAMI, FL 33179 |
|--|--|



01232007 No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 56-2490610 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

KOSOY, IGOR
3101 N.COUNTRY CLUB RRIVE
#704
AVENTURA, FL 33180

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IN THIS SPACE

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

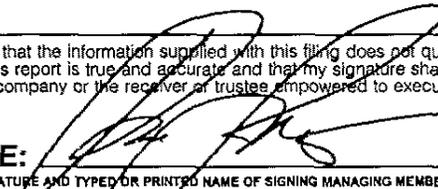
**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LITVINOV, BORIS 1901 N.E.197 TERRACE MIAMI, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RAGBEER, CARY 4820 S.W.196 LANE SOUTH WEST RANCHES, FL 33332 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KOSAYA, ALLA 1901 N.E. 197 TERRACE MIAMI, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TANYA, RAGBEER 4820 S.W.196 LANE SOUTH WEST RANCHES, FL 33332 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000614135
02/06/07-80013-013 50.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 1/22/07 305 932-8736
Daytime Phone #