

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089096

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: BOCA BAY HOLDINGS, LLC

## Current Principal Place of Business:

4120 S. E. 15TH AVENUE  
SUITE 219  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

4120 S. E. 15TH AVENUE  
SUITE 219  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

4720 S. E. 15TH AVENUE  
SUITE 219  
CAPE CORAL, FL 33904 US

## New Mailing Address:

4720 S. E. 15TH AVENUE  
SUITE 219  
CAPE CORAL, FL 33904 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODARD, RICHARD  
4120 S. E. 15TH AVENUE  
SUITE 219  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

WOODARD, RICHARD  
4720 S. E. 15TH AVENUE  
SUITE 219  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: RICHARD WOODARD

02/16/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: WOODARD, RICHARD  
Address: 4120 S. E. 15TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WOODARD, RICHARD  
Address: 4720 S. E. 15TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD WOODARD

MGR

02/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date