
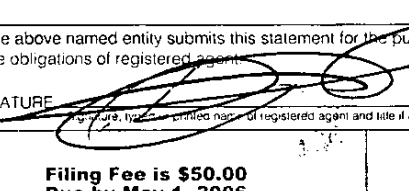
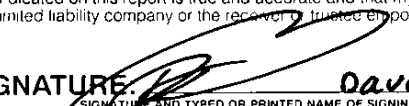


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90020 013 ****50.00

DOCUMENT # L04000092877 1. Entity Name BOYNTON FLEX, LLC			
Principal Place of Business C/O ROTH & SCHOLL 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146		Mailing Address C/O ROTH & SCHOLL 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	
2. Principal Place of Business 5455 N. Federal Hwy Suite, Apt. #, etc. 3-4		3. Mailing Address 5455 N. Federal Hwy Suite, Apt. #, etc. 3-4	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33487		Zip 33487	
Country USA		Country USA	
4. FEI Number 34-2038253		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, JEFFREY C ROTH & SCHOLL 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Rubin Group Real Estate - Ronen Rubin Street Address (P.O. Box Number is Not Acceptable) 5455 N. Federal Hwy (suite 3-4) City Boca Raton FL Zip Code 33487	
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 03/22/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDENBERG, DAVID 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKED, DAN 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, JONATHAN 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, FRANK 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, FRANK 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, FRANK 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, FRANK 1500 SAN REMO AVENUE, SUITE 176 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	
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 registered limited partner empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		DATE 03/22/06	