


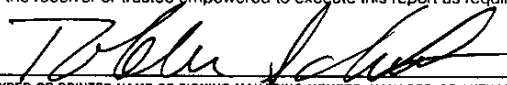


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90004 039 \*\*\*\*55.00

<b>DOCUMENT # L05000001258</b>					
<b>1. Entity Name</b> B-104, LLC					
<b>Principal Place of Business</b> 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			<b>Mailing Address</b> 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444		
<b>2. Principal Place of Business</b> 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		<b>3. Mailing Address</b> 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860			
<b>4. FEI Number</b> 20-2301058		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		01102006 Chg-LLC CR2E083 (11/05)			
<b>6. Name and Address of Current Registered Agent</b> SCHWARTZ, ROBERT M 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			<b>7. Name and Address of New Registered Agent</b> Name: Schwartz, Robert M. Street Address (P.O. Box Number is Not Acceptable): 4700 NW Boca Raton Blvd. Suite 104 City: Boca Raton, FL 33431-4860 <b>FL</b> Zip Code:		
<b>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.</b> SIGNATURE:  DATE: 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Schwartz, Robert M 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> 		1/11/06		561-241-1850	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	