


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90030 030 \*\*\*\*\*50.00

<b>DOCUMENT #</b> L05000001258	
1. Entity Name B-104, LLC	

Principal Place of Business 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444	Mailing Address 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444
---	---

2. Principal Place of Business - No P.O. Box # 4700 NW Boca Raton Blvd, Suite 104	3. Mailing Address 4700 NW Boca Raton Blvd, Suite 104
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431-4860	Zip 33431-4860
Country Palm Beach	Country Palm Beach

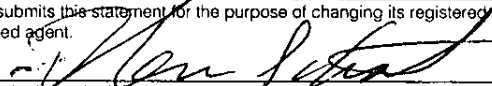


02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2301058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

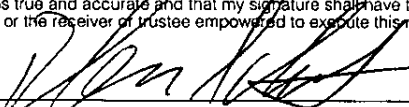
6. Name and Address of Current Registered Agent  SCHWARTZ, ROBERT M 4700 NW BOCA RATON BLVD SUITE 104 BOCA RATON, FL 33431-4860	
--	--

7. Name and Address of New Registered Agent Name Robert M. Schwartz 2 Street Address (P.O. Box Number is Not Acceptable) 4700 NW Boca Raton Blvd. Suite 104 City Boca Raton FL Zip Code 33431-4860	
--	--

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 2/2/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, ROBERT M 4700 NW BOCA RATON BLVD SUITE 104 BOCA RATON, FL 334314860 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 4700 NW Boca Raton Blvd, Suite 104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 2/2/07 561-291-1850 Daytime Phone #