

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-13-2006 90037 019 \*\*\*\*\*50.00  
L05000033622

page 1 of 2

DOCUMENT # L05000033622

1. Entity Name  
BOYNTON MEDICAL INVESTMENT 1 LLC



06 APR 21 PM 1:00

FILED

Principal Place of Business

324 ROYAL PALM WAY

209

PALM BEACH, FL 33480

Mailing Address

324 ROYAL PALM WAY

209

PALM BEACH, FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEPRIN, WILLIAM  
1018 GRAND COURT  
BOCA RATON, FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

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  
MGRM  
WEPRIN, WILLIAM  
STREET ADDRESS  
1018 GRAND COURT  
CITY- ST- ZIP  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
MGRM  
FALK, HARVEY  
STREET ADDRESS  
316 EAGLE DRIVE  
CITY- ST- ZIP  
JUPITER, FL 33477

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY- ST- ZIP

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: William Weprin

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

4/4/06

561-579-6400

Daytime Phone #

pgg c20f2

April 25, 2006

Fax 850-245-6017  
Division of Corporations  
Att: Tyrone Scott  
Po Box 6327  
Tallahsee, FL 33214


Regarding Boynton Medical Investments I LLC Document # L05000033622

Dear Tyrone:

Please change the Place of Business address for Boynton Medical Investments to:  
1555 Palm Beach Lakes Blvd. #414  
West Palm Beach FL 33401

And the FEI # is 20-2706782

Sincerely,



Scott Weprin

1555 Palm Beach Lakes Blvd Suite # 414 West Palm Beach, FL 33401  
561-478-6400 Fax 561-478-9059

