

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 8:38

DOCUMENT # L05000095629

1. Entity Name
BOCA VILLAGE LAF, LLC



Principal Place of Business
6820 LYONS TECHNOLOGY CIRCLE STE 100
COCONUT CREEK, FL 33073

Mailing Address
6820 LYONS TECHNOLOGY CIRCLE STE 100
COCONUT CREEK, FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
30-4092324

Applied For
Not Applicable

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

BUTTER, MALCOLM
1096 EAST NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH, FL 33442

Name
BUTTERS, MALCOLM
Street Address (P.O. Box Number is Not Acceptable)

6820 LYONS TECHNOLOGY CIRCLE, #100
City COCONUT CREEK, FL Zip Code 33073

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

DATE 4/25/06
NOTE: Registered Agent signature required when reinstating.

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 Manager
STREET ADDRESS Malcolm Butters
CITY-ST-ZIP 6820 Lyons Tech Cir. #100
Coconut Creek, FL 33073 ☐ Delete

TITLE
NAME Manager
STREET ADDRESS Malcolm Butters
CITY-ST-ZIP 6820 Lyons Tech Cir. #100
Coconut Creek, FL 33073 ☐ Change ☒ Addition

TITLE
NAME Member
STREET ADDRESS Mark Butters
CITY-ST-ZIP 6820 Lyons Tech Cir. #100
Coconut Creek, FL 33073 ☐ Delete

TITLE
NAME Member
STREET ADDRESS Mark Butters
CITY-ST-ZIP 6820 Lyons Tech Cir. #100
Coconut Creek, FL 33073 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Malcolm Butters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #