

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90040 028 \*\*\*\*50.00

**DOCUMENT # L05000095691**

1. Entity Name  
**BOCA VILLAGE EXECUTIVE CENTER, 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**

**20043065**



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

**20-4092402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**M. BUTTERS**

**04/28/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HGR.  
Malcolm Butters  
6820 Lyons Tech Cir #100  
Coconut Creek, FL 33073**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HGR.  
Malcolm Butters  
6820 Lyons Tech Cir #100  
Coconut Creek, FL 33073**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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

**M. BUTTERS**

**04/28/06**

Date

**954-570-8111**

Daytime Phone #