

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 16, 2006 8:00 am
Secretary of State

04-18-2006 90006 015 ****50.00

DOCUMENT # L05000111839

1. Entity Name
BOCAPARTNERSF LLC



Principal Place of Business
**18206 COLLINS AVE
SUNNY ISLES, FL 33160**

Mailing Address
**18206 COLLINS AVE
SUNNY ISLES, FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3805187

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

**ALPERN, FERNANDO
18206 COLLINS AVE
SUNNY ISLES, FL 33160**

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 releasing)

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
STREET ADDRESS
CITY-ST-ZIP
**MGR
GLEIZER, HERNAN
18206 COLLINS AVE
SUNNY ISLES, FL 33160** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SULI LEVY, ELIAS
18206 COLLINS AVE
SUNNY ISLES, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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:

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

Date

Daytime Phone #

Fernando Alpern

ATTACHMENT 30008529

L 05000114839



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-3805187

Today's Date is: November 17, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

ATTACHMENT
30008529
LOSC00111839

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-3805187 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested <u>BOCAPARTNERSF LLC</u>					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>18206 COLLINS AV</u>			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code <u>SUNNY ISLES FL 33160 -</u>			5b City, state, and ZIP code		
6* County and state where principal business is located County <u>DADE</u> State <u>FL</u>					
7a* Name of principal officer, general partner, grantor, owner, or trustor <u>FERNANDO ALPERN</u>			7b* SSN, ITIN, EIN <u>770-07-3984</u>		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <u>DISREGARDED ENTITY</u> <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State <u>FL</u>		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>STARTING BUSINESS</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) <u>NOV 17 2005</u>			11* Closing month of accounting year <u>NOV</u>		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>				Agriculture Household Other	
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance	
<input checked="" type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Accommodation & food service	
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Wholesale-agent/broker	
		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-other	
		<input type="checkbox"/> Retail			
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>BUYING AND SELLING PROPERTIES</u>					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name <u>DIANA MARTINEZ</u> Address and ZIP code <u>18246 COLLINS AVE SUNNY ISLES FL 33160 -</u>		Designee's telephone number (include area code) <u>(305) 947 - 0477</u> Designee's fax number (include area code) <u>(305) 792 - 0027</u>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶				Applicant's telephone number (include area code) () - Applicant's fax number (include area code) () -	
Signature ▶ <u>Not Required</u> Date ▶ <u>November 17, 2005 GMT</u>					