


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90076 019 \*\*\*\*50.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L05000115745</b><br>1. Entity Name<br><b>BOCA CIEGA SHORES, LLC</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>4986 ANNISTON CIRCLE<br/>TAMPA, FL 33647</b>   |   |  | Mailing Address<br><b>4986 ANNISTON CIRCLE<br/>TAMPA, FL 33647</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.                          |  |  |
| City & State   |   |  | City & State   |  |  |
| Zip  |   | Country  |  | Zip  |  |
| Country  |   | Country  |  | 4. FEI Number<br><b>20-3924742</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>ELKINS, MICHAEL ESQ.<br/>100 SE THIRD AVENUE<br/>SUITE 1910<br/>FT LAUDERDALE, FL 33394</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  | DATE _____   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |  | <b>10. ADDITIONS / CHANGES</b>                                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>WEITZMAN, HOWARD<br>2443 W. 16TH STREET, #4<br>CHICAGO, IL 60608 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>NEWMAN, MITCHELL<br>2327 W. MEDILL<br>CHICAGO, IL 60647          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |  |  |  |
| Date <b>3/29</b>   |   |  |  | Daytime Phone # _____  |  |