

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116280

Entity Name: S BOCA HOLDING LLC

FILED  
Mar 16, 2006  
Secretary of State

**Current Principal Place of Business:**

2295 NW CORPORATE BLVD, STE. 235  
BOCA RATON, FL 334317330

**New Principal Place of Business:**

2715 SPANISH RIVER ROAD  
BOCA RATON, FL 33432

**Current Mailing Address:**

2295 NW CORPORATE BLVD, STE. 235  
BOCA RATON, FL 334317330

**New Mailing Address:**

2715 SPANISH RIVER ROAD  
BOCA RATON, FL 33432

FEI Number: 20-4191892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLOYD GRANET, P.A.  
2295 NW CORPORATE BLVD, STE. 235  
BOCA RATON, FL 334317330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SCHWARTZ, DOUGLAS  
Address: 2715 SPANISH RIVER ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Change (X) Addition  
Name: LANDE, SUSAN  
Address: 2715 SPANISH RIVER ROAD  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS SCHWARTZ

MGR

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date