2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000116869

1. Entity Name BOCA VILLAGE BVC, LLC



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN

Mailing Address

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

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



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-4092234		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional equired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE, STE 100 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

Date

Davtime Phone #

	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME CIDELLADDDECC	BUTLERS, MALCOLM	S ,	U00000938674	
STREET ADDRESS CITY-ST-ZIP	6820 LYONS TECHNOLOGY CIRCLE SUITE COCONUT CREEK, FL 33073	<u></u>	05/27/08-80100-015 138.75	
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS			MOTIVIDITE	
CITY-ST-ZIP		ו טַט ו	NOT WRITE	
↑ıTLE		IN T	HIS SPACE	
NAME		## # .#.	INO SI ACE	
STREET ADDRESS CITY-ST-ZIP		,		
TITLE NAME				
STREET ADDRESS				
CITY - ST - ZIP		·		
TITLE	-			
NAME	•			
STREET ADDRESS		· .		
CITY - ST - ZIP				
11. I hereby certify that the information supplied with this filipp 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 accurate this report as required by Chapter 608, Florida Statutes.				

AUTHORIZED REPRESENTATIVE

MEMBER_A