

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-02-2006 90035 048 ****50.00

DOCUMENT # L05000122178					
1. Entity Name PD BOCA RATON, LLC					
Principal Place of Business 5000 T-REX AVENUE, SUITE 150 BOCA RATON, FL 33431			Mailing Address 5000 T-REX AVENUE, SUITE 150 BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROTHMAN, FRED B 5000 T-REX AVENUE, SUITE 150 BOCA RATON, FL 33431			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MG-R PARAMOUNT COMMUNITY II, LLC 5000 T-REX AVENUE SUITE 150 BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 _____			Managing Member of Paramount Community II, LLC Managing Member of PD Boca Raton, LLC 4/27/06 (561) 998-9200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
FRED B. ROTHMAN					

ATTACHMENT

PD Boca Raton, LLC
5000 T-Rex Avenue - Suite 150
Boca Raton, FL 33431

30009984
#15000122178

June 5, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

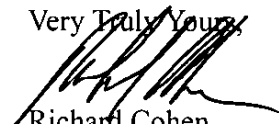
Re: PD Boca Raton, LLC
EIN: 20-4031648

Gentlemen:

In response to your request, please note that the Federal employer identification number for PD Boca Raton, LLC is as shown above and has been added to its 2006 Limited Liability Company Annual Report.

In advance, thank-you for your cooperation

Very Truly Yours,


Richard Cohen
Controller

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ATTACHMENT

30009984

5000 T-Rex Avenue, Suite 150
Boca Raton, FL 33431
Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL – 7006 0100 0002 3717 5900

April 27, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Annual Report - 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

<u>Entity</u>	<u>Document #</u>	<u>Payment</u>
Paramount Diamond, LLC	L05000031694	\$ 50.00
PD Boca Raton, LLC	L05000122178	\$ 50.00

Very truly yours,



Roseann Coraci