2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L06000037384

Entity Name: BOCA RATON PROFESSIONAL PLAZA LLC

Current Principal Place of Business:

3775 WILD ORCHID LANE
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

3775 WILD ORCHID LANE
FORT PIERCE, FL 34981

New Mailing Address:

FEI Number: 20-4665379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAUFMAN, JAMES G
3775 WILD ORCHID LANE
FORT PIERCE, FL 34981 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: MGRM ( ) Delete
Name: KAUFMAN, JAMES G
Address: 3775 WILD ORCHID LANE
City-St-Zip: FORT PIERCE, FL 34981 US

Title: MGRM ( ) Delete
Name: PETROLE, JOESEPH
Address: 1200 ANASTASIA AVE., SUITE 300
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PETROLE, JOESEPH
Address: 1200 ANASTASIA AVE., SUITE 320
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES G KAUFMAN MGRM 05/01/2008

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