2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000043931

1. Entity Name

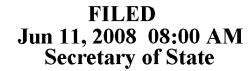
BOCA RENTAL PROPERTIES, LLC



Principal Place of Business

1908 NW 4TH AVE. SUITE 112 BOCA RATON, FL 33432 Mailing Address

1908 NW 4TH AVE. SUITE 112 BOCA RATON, FL 33432





05292008 No Chq-LLC

CR2E083 (12/07)

4. FEI Number 22-9392236

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLASFED, ALAN S 1908 NW 4TH AVE. SUITE 112 BOCA RATON, FL 33432

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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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent algorature required when reinstating)

, DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000952976 06/11/08-80002-006 138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ALAN & MICHAEL KLASFELD ARE CO-TRUSTEES NAME FOR THE KLASFELD FAMILY TRUST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE **MGRM** ALAN & MICHAEL KLASFELD ARE CO-TRUSTEES NAME STREET ADDRESS 2424 NE 22ND ST., SUITE 200 CITY-ST-ZiP POMPANO BEACH, FL 33062 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561-368-555

Date

Daytime Phone #