

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 09, 2007 8:00 am
Secretary of State


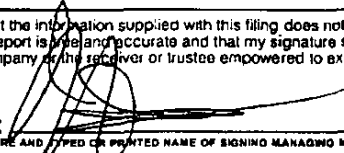
02-14-2007 90219 041 ****50.00

02-01-2007 90048 023 ****50.00

30001963



02082007 Chg-LLC CR2E083 (12/08)

DOCUMENT # L06000054470			
1. Entity Name N BOCA PROPERTIES LLC			
Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 321 C/O DAVID H. BAKER PALM BEACH, FL 33480		Mailing Address 340 ROYAL POINCIANA WAY SUITE 321 C/O DAVID H. BAKER PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box # 215 N. Federal Highway		3. Mailing Address 215 N. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33432	Country U.S.A	Zip 33432	Country U.S.A
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, DAVID H 340 ROYAL POINCIANA WAY SUITE 321 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Investments Limited Street Address (P.O. Box Number is Not Acceptable) 215 N. Federal Highway, #1 City Boca Raton FL Zip Code 33432	
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-stating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MICHAEL E. DYER FAMILY LTD. P.O. BOX 740396 DALLAS, TX 75374 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM James Batmushian 215 N. Federal Highway, #1 Boca Raton, Florida 33432 <input checked="" type="checkbox"/> Change <input 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
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
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
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
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
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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			