


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000054470					
1. Entity Name N BOCA PROPERTIES LLC					
Principal Place of Business 215 N. FEDERAL HIGHWAY 1 BOCA RATON, FL 33432			Mailing Address 215 N. FEDERAL HIGHWAY 1 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE			Applied For NOT APPLICABLE		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INVESTMENTS LIMTESD 215 N. FEDERAL HIGHWAY, # 1 BOCA RATON, FL 33432			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATMASIAN, JAMES 215 N. FEDERAL HIGHWAY, #1 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M/3/21</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 _____				03/06/08	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	

FILED
08 MAR 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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INVESTMENTS LIMTESD
215 N. FEDERAL HIGHWAY, # 1
BOCA RATON, FL 33432

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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Daytime Phone #