

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061812

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: FEPA BOCA LLC

**Current Principal Place of Business:**

2200 N. FEDERAL HWY  
206  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2200 N. FEDERAL HWY  
206  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-5105651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEPA LLC  
6067 HOLLYWOOD BLVD  
355  
HOLLYWOOD, FL 33024 US

**Name and Address of New Registered Agent:**

ODIJAS CAMINHA  
2200 N.FEDERAL HWY  
206  
BOCA RATON, FL 33431 US

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: ODIJAS CAMINHA

04/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NIZNIK, ALEX  
Address: 17375 COLLINS AVENUE # 2407  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR (X) Delete  
Name: NIZNIK, ELISABET  
Address: 2200 N. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NIZNIK, ELISABET  
Address: 2200 N. FEDERAL HWY 206  
City-St-Zip: BOCA RATON, FL 33431

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

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: ODIJAS CAMINHA

MGR

04/09/2008

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