

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096637

**FILED**  
**Mar 14, 2007**  
**Secretary of State**

**Entity Name:** BOCA BONES, LLC

**Current Principal Place of Business:**

% THE GLAZIER GROUP, INC.  
535 FIFTH AVENUE, 16TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

% THE GLAZIER GROUP, INC.  
535 FIFTH AVENUE, 16TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301      US

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 400  
WESTON, FL 33331 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: MARY PARIS, ASSISTANT SECRETARY

03/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: GLAZIER, PETER  
Address: 535 FIFTH AVENUE, 16TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER GLAZIER

MGR

03/14/2007

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