

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 14, 2008 8:00 am
Secretary of State

05-22-2008 90513 016 ***138.75

DOCUMENT # L06000106579					
1. Entity Name BOCA VILLAGE BVC MEMBER, LLC					
Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073			Mailing Address 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073		
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	04242008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4092234				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				30010355	
6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUTTERS, MALCOLM 6820 LYONS TECH CIR SUITE 100 COCONUT CREEK, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Mark Butters 6820 Lyons Tech Cir. #100 Coconut Creek, FL 33073	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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					