2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

04-25-2007 90034 050 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000110803

1. Entity Name

BSS LE RIVAGE, LLC

Principal Place of Business	Mailing Address
4100 NW 58TH LANE BOCA RATON FL 33496 US	4100 NW 58TH LANE BOCA RATON FL 33496 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
950 Peninsula Corporate Circle	950 Peninsula Corporate Circle
Suite, Apt. #, etc.: 1004	Suite, Apt. #, etc.: 1004
City & State: Boca Raton Florida	City & State: Boca Raton FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number: 20-2940239 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SELLERS, STEVEN 4100 NW 58TH LANE BOCA RATON FL 33496	Name: Steven Sellers Street Address (P.O. Box Number is Not Acceptable): 950 Peninsula Corporate Circle suite 1004 City: Boca Raton FL Zip Code: 33487

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELLERS, STEVEN 4100 NW 58TH LANE BOCA RATON FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #