

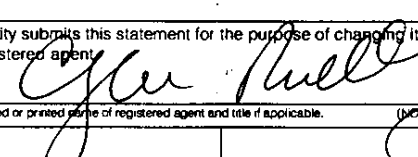
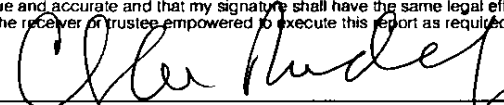


04-30-2007 90075 030 ****50.00

DOCUMENT # L06000119770						Secretary of State	
1. Entity Name BOCA RATON PROPERTY GROUP ADVISORS, LLC						04-30-2007 90075 030 ****50.00	
Principal Place of Business 560 VILLAGE BLVD. SUITE 120 WEST PALM BEACH, FL 33409		Mailing Address 560 VILLAGE BLVD. SUITE 120 WEST PALM BEACH, FL 33409					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007 Chg-LLC CR2E083 (12/06)			
City & State		City & State		4. FEI Number 61-1515728		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 350 E. LAS OLAS BLVD. SUITE 1600 FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Ruddy, Christopher Street Address (P.O. Box Number is Not Acceptable) 560 Village Blvd. Suite 120 City West Palm Beach FL Zip Code 33409			
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Christopher Ruddy 560 Village Blvd. Suite 120 West Palm Beach FL 33409 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:  DATE _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							