

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081625

FILED
Apr 14, 2009
Secretary of State

Entity Name: BOCA TRIPLE E MANAGEMENT LLC

Current Principal Place of Business:

2799 NW BOCA RATON BLVD., SUITE 203
C/O STEVEN A. SCIARRETTA
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2799 NW BOCA RATON BLVD., SUITE 203
C/O STEVEN A. SCIARRETTA
BOCA RATON, FL 33431

New Mailing Address:

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

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN A
2799 NW BOCA RATON BLVD., SUITE 203
C/O STEVEN A. SCIARRETTA P.A.
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FALSTROM, LEE
Address: 2799 NW BOCA RATON BLVD., SUITE 203
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: FALSTROM, LORI
Address: 2799 NW BOCA RATON BLVD. SUITE 203
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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: LEE FALSTROM

MGR

04/14/2009

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