

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081625

FILED
May 03, 2010
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. SCJARRETTE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCJARRETTE, STEVEN A
2799 NW BOCA RATON BLVD., SUITE 203
C/O STEVEN A. SCJARRETTE P.A.
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

I hereby 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

05/03/2010

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