

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081625

**FILED**  
**May 01, 2011**  
**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:** 26-0688197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

05/01/2011

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