

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116238

Entity Name: HN BOCA TOWNHOME, LLC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

41 SE 4TH ST.
C/O BOCA RATON PRINTING CO.
BOCA RATON, FL 33432

Current Mailing Address:

41 SE 4TH ST.
C/O BOCA RATON PRINTING CO.
BOCA RATON, FL 33432

New Principal Place of Business:

41 SE 4TH ST.
C/O BOCA RATON PRINTING CO.
BOCA RATON, FL 33432 US

New Mailing Address:

41 SE 4TH ST.
C/O BOCA RATON PRINTING CO.
BOCA RATON, FL 33432 US

FEI Number: 26-3941356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUMANN, LAURA
41 SE 4TH ST.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

NEUMANN, LAURA MGR
41 SE 4TH ST.
BOCA RATON, FL 33432 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: LAURA NEUMANN

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEUMANN, LAURA
Address: 41 SE 4TH ST.
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: NEUMANN, LAURA MGR
Address: 41 SE 4TH ST.
City-St-Zip: BOCA RATON, FL 33432 US

Title: MR () Change (X) Addition
Name: HARPER, EDWARD
Address: 11 EMERALD
City-St-Zip: KEY WEST, FL 33040 US

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: LAURA NEUMANN

MGR

02/17/2009

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