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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L95000000962  
Entity Name BOCA RATON FAMILY REALTY NO. 1, L.C.

FILED  
00 APR 10 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7519 LA PAZ BLVD., APT. 307C  
BOCA RATON FL 33433

Mailing Address  
7519 LA PAZ BLVD., APT. 307C  
BOCA RATON FL 33433-6049

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0465396  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
BROOKE, PETER M  
201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
<input type="checkbox"/> Delete	MGRM IDEN, MITCHELL S 7519 LA PAZ BLVD., APT. 307C BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Mitchell Iden, Manager 4/6/00 212 302 2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)