


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90348 018 ****50.00

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|---|--|--|---|
| DOCUMENT # L98000002308 1. Entity Name BOCA LA PETITE, L.C. | |  | |
| Principal Place of Business 141 NW 20TH ST. #G-107 BOCA RATON FL 33431 | | Mailing Address P.O. BOX 4877 DEERFIELD BEACH FL 33442-4877 | |
| 2. Principal Place of Business 6893 SW 18th St Suite, Apt. #, etc. #201 | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State BOCA RATON, FL Zip 33433 Country | | City & State Zip Country | |
| 4. FEI Number 65-0873079 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FIRESTONE, DEBORAH E 7910 TENNYSON COURT BOCA RATON FL 33433 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EPSTEIN, JOANNE 121 N. POST OAK LANE, APT. 201 HOUSTON TX 77024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. 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: <u>Joanne Epstein, Mgr</u> JOANNE EPSTEIN 3/31/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | |