


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90087 021 \*\*\*\*50.00

DOCUMENT # L98000002308		
1. Entity Name BOCA LA PETITE, L.C.		

Principal Place of Business 6893 SW 18TH ST #201 BOCA RATON, FL 33433	Mailing Address P.O. BOX 4877 DEERFIELD BEACH, FL 33442-4877
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20006030



2. Principal Place of Business 399 W. LAMING GARDENS BL Suite, Apt. #, etc. #307		3. Mailing Address Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33432	Country USA	Zip	Country

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0873079	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joanne Epstein, MGR 4/3/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #