


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L98000002841 1. Entity Name BOCA CARTER, L.L.C. |  |
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| Principal Place of Business 9895 S.W. 96TH STREET MIAMI, FL 33176 | Mailing Address 1389 NW 136TH AVENUE SUNRISE, FL 33323 |
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04122004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0959008 | Applied For Not Applicable |
| 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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IN THIS SPACE**

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)

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| Filing Fee is \$50.00 Due by May 1, 2004 | DATE 05/05/04-80092-023 50.00 |
|---|----------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARTER, DONALD J 9895 S.W. 96TH STREET MIAMI, FL 33176 |
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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.

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|--|------|-----------------|
| SIGNATURE: X <i>Donald Carter</i> Donald Carter <i>x 4-24-04</i> <i>(954) 846-8400</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |