

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000003469**1. Entity Name  
BOCA INVESTMENT, LLC

Principal Place of Business 131 DOOLEN CT. #308D  NORTH PALM BEACH FL 33408	Mailing Address 131 DOOLEN CT. #308D  NORTH PALM BEACH FL 33408
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2. Principal Place of Business 1600 DOVER RD.	3. Mailing Address 1600 DOVER RD.
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Suite, Apt. #, etc. #209B	Suite, Apt. #, etc. #209B
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City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
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Zip 33445	Country US	Zip 33445	Country US
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4. FEI Number <b>65-0877139</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  SWINDELL KIRK 131 DOOLEN CT. #308D  NORTH PALM BEACH FL 33408 US	7. Name and Address of New Registered Agent Name SWINDELL KIRK Street Address (P.O. Box Number is Not Acceptable) 1600 DOVER RD. #209B City DELRAY BEACH FL Zip Code 33445
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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.

SIGNATURE \_\_\_\_\_ DATE **04/17/2001**

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**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWINDELL KIRK 131 DOOLEN CT. #308D NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWINDELL KIRK 1600 DOVER RD., #209B DELRAY BEACH FL 33445 <input checked="" 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
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
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
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
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 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:** Kirk Swindell MGRM 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)