



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90074 041 ****50.00

DOCUMENT # L99000000627					
1. Entity Name TCP OF BOCA, L.L.C.					
Principal Place of Business 21045 COMMERCIAL BLVD. BOCA RATON, FL 33486			Mailing Address 21045 COMMERCIAL BLVD. BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box # 21045 COMMERCIAL TRAIL Suite, Apt. #, etc.		3. Mailing Address 21045 COMMERCIAL TRAIL Suite, Apt. #, etc.			
City & State		City & State		02092007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 65-0891694	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ISAACSON, PATRICIA L 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: _____ 3/1/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					