

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001515**

1. Entity Name  
2060 PARTNERS OF BOCA RATON, L.L.C.



Principal Place of Business  
709 ELM TREE LANE  
BOCA RATON, FL 33486

Mailing Address  
709 ELM TREE LANE  
BOCA RATON, FL 33486



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0950667	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SLATTERY, PAUL  
2060 NW BOCA RATON BLVD. #2  
BOCA RATON, FL 33431

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SLATTERY, LEONORA M
STREET ADDRESS	709 ELM TREE LANE
CITY-ST-ZIP	BOCA RATON, FL 33486

TITLE	MGRM
NAME	SLATTERY, PAUL
STREET ADDRESS	5758 VISTA LINDA LANE
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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01/19/07-80003-003 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Leonora Slattery*

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

*1-16-07*

Date

*561-392-3848*

Daytime Phone #