

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004132

1. Entity Name
BOCA RATON II, LLC

FILED

00 APR 11 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1400 N.W. 15TH AVENUE, UNIT 1
BOCA RATON FL 33486

Mailing Address
1400 N.W. 15TH AVENUE, UNIT 1
BOCA RATON FL 33486-1161



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WHEELER, JAMES J P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON FL 33434 | | 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.

SIGNATURE _____ (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 BOUCHER, JOHN J 1400 N.W. 15TH AVENUE, UNIT 1 BOCA RATON FL 33486 | <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 | 100003221861--1 -04/24/00--01168--022 *****55.00 *****55.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/31/00
Date

Daytime Phone #

CR2E083 (9/99)