



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000004132 1. Entity Name BOCA RATON II, LLC	
--	---

Principal Place of Business 1400 N.W. 15TH AVENUE, UNIT 1 BOCA RATON, FL 33486	Mailing Address 600 CASS AVE WOONSOCKET, RI 02895
--	---

DO NOT WRITE IN THIS SPACE



08292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0510716	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHEELER, JAMES J P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434

**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 reinstating) DATE


**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOUCHER, JOHN J 600 CASS AVENUE WOONSOCKET, RI 02895
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000773816
09/11/07-80007-028 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:  **9/7/07 401-769-1670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #