2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004132

1. Entity Name

BOCA RATON II, LLC

Principal Place of Business



Mailing Address

1400 N.W. 15TH AVENUE, UNIT 1 BOCA RATON, FL 33486 600 CASS AVE WOONSOCKET, RI 02895

FILED Apr 21, 2008 08:00 AN Secretary of State



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0510716

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agen; signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		05/08/08-80007-002 143.75

	*1.
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BOUCHER, JOHN J
STREET ADDRESS	600 CASS AVENUE
CITY-S1-ZIP	WOONSOCKET, RI 02895
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
THE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	

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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 accordate and that by 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 AND TYPED OR PRINTED NAME OF SCHOOL MAN

ING MEMBUR OR AUTHORIZED REPRESENTATIVE

11508

401-769-1670

Daytime Phone #