

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000002658

1. Entity Name
WHITEREAL BOCA II LLC



Principal Place of Business
2255 GLADES ROAD, SUITE 223-A
BOCA RATON, FL 33431

Mailing Address
2255 GLADES ROAD, SUITE 223-A
BOCA RATON, FL 33431

FILED
Apr 24, 2006 08:00 AM
Secretary of State



01052006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISNER, DEBBI
2255 GLADES ROAD, SUITE 223-A
BOCA RATON, FL 33431

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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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NORWICK HOLDING L.L.C.
2255 GLADES ROAD, SUITE 223-A
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000530480
05/05/06-80116-014 50.00

**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 partner or partner empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Debbi S. Eisner* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #