

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90172 050 ***138.75

60025231



04032008 Chg-LLC CR2E083 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 2255 GLADES ROAD		3. Mailing Address 2255 GLADES ROAD		4. FEI Number NOT APPLICABLE <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
Suite, Apt. #, etc. SUITE 234 WEST		Suite, Apt. #, etc. SUITE 234 WEST			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33431		Zip 33431			
6. Name and Address of Current Registered Agent EISNER, DEBBI 2255 GLADES ROAD, SUITE 223-A BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 234 WEST City BOCA RATON <div style="float: right;"> FL <div style="border: 1px solid black; padding: 2px;"> 33431 </div> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORWICK HOLDING L.L.C. 2255 GLADES ROAD, SUITE 223-A BOCA RATON, FL 33431 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 2255 GLADES ROAD, #234 WEST BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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.					
WHITEREAL BOCA II LLC BY: G.L.K. LP BY: GOLD LUCK TRADING CORP., G.P. SIGNATURE: BY: Debbi S. Eisner, PRESIDENT <div style="float: right; margin-top: -20px;"> 4-10-08 </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					