


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M03000000172</b> 1. Entity Name THEODORE BOCA RATON LLC	
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Principal Place of Business 128 THEODORE PLACE TORNHILL, ONTARIO CANADA L4J 8E3, XX	Mailing Address 128 THEODORE PLACE TORNHILL, ONTARIO CANADA L4J 8E3, XX
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
05 MAY 27 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04052005 No Chg-LLC		CR2E083 (10/03)	
4. FEI Number 98-0389845	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

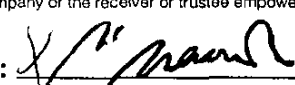
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAMMON, MICHAEL 128 THEODORE PLAZA THORNHILL ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAMMON, ANTHONY 128 THEODORE PLAZA THORNHILL ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAMMON, LAURENCE 128 THEODORE PLAZA THORNHILL ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**900055655869**  
06/02/05--01030--003 \*\*50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **5/25/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #