

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000172

FILED
Jan 08, 2008
Secretary of State

Entity Name: THEODORE BOCA RATON LLC

Current Principal Place of Business:

128 THEODORE PLACE
TORNHILL, ONTARIO, ON L4J 8E3 CA

New Principal Place of Business:

Current Mailing Address:

191 N WACKER DR., SUITE 1800
ATTN: CORPORATE PARALEGAL DEPT.
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 98-0389845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAMMON, MICHAEL
Address: 128 THEODORE PLAZA
City-St-Zip: THORNHILL ONTARIO CANADA, ON L4J 8E3 CA

Title: MGR () Delete
Name: MAMMON, ANTHONY
Address: 128 THEODORE PLAZA
City-St-Zip: THORNHILL ONTARIO CANADA, ON L4J 8E3 CA

Title: MGR () Delete
Name: MAMMON, LAURENCE
Address: 128 THEODORE PLAZA
City-St-Zip: THORNHILL ONTARIO CANADA, ON L4J 8E3 CA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL MAMMON

MGR

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date