

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90021 022 ****50.00

DOCUMENT # M03000000743

1. Entity Name

BOCA VILLAGE, LLC



Principal Place of Business

C/O LEND LEASE REAL ESTATE INVESTMENT
3424 PEACHTREE ROAD, N.E., SUITE 800
ATLANTA GA 30326

Mailing Address

C/O LEND LEASE REAL ESTATE INVESTMENT
3424 PEACHTREE ROAD, N.E., SUITE 800
ATLANTA GA 30326

2. Principal Place of Business

5000 T-Rex Ave
Suite 150
Boca Raton FL
33431 USA

3. Mailing Address

5000 T-Rex Ave
Suite 150
Boca Raton FL
33431 USA



MOORE CR2E083 (11/03)

4. FEI Number

56-3232342
~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SB BOCA VILLAGE, LLC
STREET ADDRESS 1096 EAST NEWPORT CENTER DRIVE, SUITE 100
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5000 T-Rex Ave, Ste 150
CITY-ST-ZIP Boca Raton FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ned L Siegel Ned L Siegel

4/26/04 (561) 998-9200