
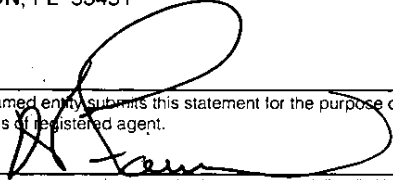



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90074 013 \*\*\*138.75

<b>DOCUMENT # M04000002859</b> 1. Entity Name <b>BOCA MILITARY TRAIL, LLC</b>					
Principal Place of Business <b>500 N.E. SPANISH RIVER BLVD., SUITE 12 BOCA RATON, FL 33431</b>			Mailing Address <b>500 N.E. SPANISH RIVER BLVD., SUITE 12 BOCA RATON, FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>1651 NW 1st Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>1651 NW 1st Court</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>		4. FEI Number <b>73-1660789</b>	
Zip <b>33432</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FAIRMAN, WILLIAM 4281 NW 1ST AVE BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent  Name <b>William Fairman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1651 NW 1st Court</b>  City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>	
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:					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOLD, BLAKE C 4323 N.W. 63RD STREET, SUITE 200 OKLAHOMA CITY, OK 73116			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	

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