



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90336 018 ****50.00

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DOCUMENT # M04000004734					
1. Entity Name BOCA 10 C & D LLC					
Principal Place of Business 730 THIRD AVENUE NEW YORK, NY 10017			Mailing Address 730 THIRD AVENUE NEW YORK, NY 10017		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	05312006 Chg-LLC CR2E083 (11/05)	
4. FEI Number NOT APPLICABLE				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				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	P/MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMERS, JOHN A		NAME	Garbutt, Thomas	
STREET ADDRESS	730 THIRD AVENUE		STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	New York, NY 10017	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBUTT, THOMAS C		NAME	Amato, Suzan	
STREET ADDRESS	730 THIRD AVENUE		STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	McAndrews, Philip	
STREET ADDRESS			STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wood, Mark J.	
STREET ADDRESS			STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Mark L. Serlen		5/30/06 2121916-4256	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	