



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90069 006 ****50.00

20047120

DOCUMENT # M04000004739					
1. Entity Name BOCA 11 E & F 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		
4. FEI Number NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ (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 NAME SOMERS, JOHN A STREET ADDRESS 730 THIRD AVENUE CITY-ST-ZIP NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete		TITLE P/MANAGER NAME Garbutt, Thomas STREET ADDRESS 730 Third Avenue CITY-ST-ZIP New York, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME GARBUTT, THOMAS C STREET ADDRESS 730 THIRD AVENUE CITY-ST-ZIP NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE MANAGER NAME Amato, Suzan STREET ADDRESS 730 Third Avenue CITY-ST-ZIP New York, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MANAGER NAME McAndrews, Philip STREET ADDRESS 730 Third Avenue CITY-ST-ZIP New York, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MANAGER NAME Wood, Mark J. STREET ADDRESS 730 Third Avenue CITY-ST-ZIP New York, NY 10017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete		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:  Mark L. Serlen			5/30/06		212 916-4256
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>