2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001989

Name:

Address:

City-St-Zip:

Entity Name: BRE/BOCA CORPORATE CENTER L.L.C.

FILED Aug 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O BLACKSTONE REAL ESTATE ACQ. IV 345 PARK AVE., 31ST FLOOR NEW YORK, NY 10154				C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #2100 CHICAGO, IL 60606			
Current Mailing Address:				New Mailing Address:			
C/O BLACKSTONE REAL ESTATE ACQ. IV 345 PARK AVE., 31ST FLOOR NEW YORK, NY 10154				C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #2100 CHICAGO, IL 60606			
FEI Number:	20-2571439	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certific	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
		DRIVE, SUITE 4 IS					
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registere	ed office or	registered agent, or both
SIGNATUR	RE:						
Electronic Signature of Registered Agent							Date
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR () COHEN, FRANK 345 PARK AVEN NEW YORK, NY	UE		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGR LAX, ANDR 345 PARK NEW YORK	EW	(X) Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	345 PARK /	H, DENNIS J	(X) Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:			
Title:	()	Delete		Title [.]	MGR	() Change	(X) Addition

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.

Name:

Address:

City-St-Zip:

ROWELL, ROBERT

TOWNSHEND, VT 05353

141 PEAKED MOUNTAIN ROAD

SIGNATURE: FRANK COHEN MGR 08/03/2009