### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # M99000001967**

1. Entity Name BOYNTON OCEAN LLC



Principal Place of Business

Mailing Address

1629 K STREET, N.W., SUITE 501 WASHINGTON, DC 20006

1629 K STREET, N.W., SUITE 501 WASHINGTON, DC 20006

## FILED Jan 31, 2006 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0931221 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

# DO NOT WRITE IN THIS SPACE

6. The above the obliga	enamed entity submits this statement for the purpose of chan tions of registered agent.	iging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, wood or printed name of registered agent and the if applicable.	(NOTE, Registered Agent signature required when reinstating	DATE	
	Signature, lyped or printed name of registered agent and the it applicable.	(NOTE: registated Agent signature required when restaura	) LINIE	
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
Title Name Street address City-St-Zip	MGRM CAMALIER, F. DAVIS 2848 MCGILL TERRACE WASHINGTON, DC 20008			
Title Name Street Address City-St-Zip			U000004123 <b>8</b> 1 02/10/06-80043-023 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	O NOT WRITE	
TITLE MAME STREET ADDRESS EITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-21P				

11. I hereby certily that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further cartily that the Information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:

TITLE
NAME
STREET AODRESS
CITY-ST-ZIP

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

1.24.06

Daytime Phone #