2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 09, 2005 8:00 am Secretary of State 05-09-2005 90286 006 ****61.25

DOCUMENT # N11556 1. Entity Name LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION NUMBER THREE, INC.												
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290 US			PRIM 6300	Mailing Address PRIME MANAGEMENT GROUP, INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487-8290 L							1395 5	
2. Principal Place of Business			3. Mail	3. Mailing Address					!!!! !!!T T !			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02222005	Chg-NP	CR2I	E037 (10/03)	
City & State				City & State				59-2680309 Not App			pplied For ot Applicable	
Zip ———	Zip Country					untry	5. Certificate of Status Desired			Fee Required		
	6. Name	and Address of Curr	rent Registere	d Agent		Name		7. Name and	Address of Ne	w Register	d Agent	
6300 PAR	ANAGEME	NT GROUP, INC				Street A	ddress (I	P.O. Box Numbe	r is Not Accept	able)		
BOCA RA	ION, FL	33487-8290				City					Zip Cox	le
		y submits this stateme	nt for the purp	ose of changing it	s register	ed office or	register	ed agent, or bot	n, in the State o	:		and accept
are congar	tions of regist	ereo agent										
SIGNATURE		or printed name of registered	agent and title if app	ficable. (NO	TE. Registere	rd Agent signatu	ure required	when reinstating)		DAT	E	
SIGNATURE	Signature, typed	or printed name of registered: e is \$61.25 hay 1, 2005	agent and title if app	9. Election Ca Trust Fund	ımpaign F	inancing		when reinstating) \$5.00 May Be Added to Fees	, F	Make ch	eck payable seartment of S	
10.	Filing Fe	e is \$61.25		9. Election Ca Trust Fund	mpaign F Contribut	Financing ion.		\$5.00 May Be	F	Make ch lorida Dej	eck payable partment of S DIRECTORS II	tate
	Filing Fe Due by N	e is \$61.25 flay 1, 2005 OFFICERS AND LZ, HERBERT{ IIRADA DR		9. Election Ca	Empaign F Contribut 11. TITL NAM STRE	Financing ion.	Dn '	\$5.00 May Bo Added to Fees	NGES TO OFF	Make ch lorida Dep	eck payable partment of S DIRECTORS II	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an absolute that the information indicated in the chapter of the corporation of the receiver or trustee empowered.

SIGNATURE:

Daytime Phone #