

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90019 031 ***158.75

DOCUMENT # P04000101793				
1. Entity Name BOCA HOLLY HILL GP, INC.				
Principal Place of Business 321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441		Mailing Address 321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
				02012007 Chg-P CR2E034 (12/06)
4. FEI Number 42-1637217		Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
STOTZER, THEODORE R 321 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, BRIAN		NAME	
STREET ADDRESS	321 EAST HILLSBORO BLVD.		STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JAMES		NAME	
STREET ADDRESS	321 EAST HILLSBORO BLVD.		STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	
TITLE	VP/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOTZER, THEODORE R		NAME	
STREET ADDRESS	321 EAST HILLSBORO BLVD.		STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	V/T
STREET ADDRESS			STREET ADDRESS	Jeff Scott
CITY-ST-ZIP			CITY-ST-ZIP	2200 N.E. 143rd Street, Suite 100
TITLE		<input type="checkbox"/> Delete	TITLE	Miami, FL 33181
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	
12. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: By: 			March 8, 2007	(954) 949-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Theodore R. Stotzer, Vice President			Date	Daytime Phone #