## 2007 FOR PROFIT CORPORATION

## May 01, 2007 8:00 am Secretary of State ANNUAL REPORT 05-01-2007 90019 034 \*\*\*158 75 **DOCUMENT # P04000102096** BOCA HOLLY HILL PARTNERS, INC. 40094931 Principal Place of Business Mailing Address 321 E HILLSBORO BLVD 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 42-1637208 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired XXXX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 City 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. Signature, typed or printed name of registered agent and little if applicable (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET, BRIAN NAME 321 EAST HILLSBORO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE COHEN, JAMES NAME NAME 321 EAST HILLSBORO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CETY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STOTZER, THEODORE R NAME 321 EAST HILLSBORO BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP ☐ Delete TOTE ☐ Change XX Addition Jeff Scott NAME NAME 2200 N.E. 143rd Street, Suite 100 STREET ADDRESS STREET ADDRESS Miami, FL 33181 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition Delete ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: By:

CITY-ST-ZIP

March 8, 2007

(954) 949-3480

**FILED**