

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000007577

**Entity Name:** PROTEA SENIOR LIVING BOCA RATON LLC**Current Principal Place of Business:**17 SAN SIMEON  
LAGUNA NIGUEL, CA 92677**Current Mailing Address:**17 SAN SIMEON  
LAGUNA NIGUEL, CA 92677 US**FEI Number:** 84-2522171**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | MBR                         |
| Name            | RSFB HOLDINGS LLC           |
| Address         | 101 S PHILLIPS AVE, STE 509 |
| City-State-Zip: | SIoux FALLS SD 57104-8736   |

|                 |                             |
|-----------------|-----------------------------|
| Title           | MBR                         |
| Name            | HSFB HOLDINGS LLC           |
| Address         | 101 S PHILLIPS AVE, STE 509 |
| City-State-Zip: | SIoux FALLS SD 57104-8736   |

|                 |                             |
|-----------------|-----------------------------|
| Title           | MBR                         |
| Name            | PROTEA CAPITAL PARTNERS LLC |
| Address         | 17 SAN SIMEON               |
| City-State-Zip: | LAGUNA NIGUEL CA 92677      |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | MBR                                 |
| Name            | THE ROBERT D. FRIEDMAN LIVING TRUST |
| Address         | 18800 VON KARMAN AVE, STE A         |
| City-State-Zip: | IRVINE CA 92612                     |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HANS A VAN DER LAAN**MANAGING MEMBER****01/13/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date