2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000006861

1. Entity Name

BOUCHER BROTHERS MIAMI BEACH, LLC



Principal Place of Business

420 LINCOLN ROAD, STE 265 MIAMI BEACH, FL 33139

Mailing Address

420 LINCOLN ROAD, STE 265 MIAMI BEACH, FL 33139

FILED Apr 27, 2007 08:00 AM Secretary of State



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3835644

Applied For Not Applicable

5. Certificate of Status Desired

1

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS-FITZGERALD, ABIGAIL C C/O HUNTON & WILLIAMS LLP 1111 BRICKELL AVE, STE 2500 MIAMI, FL 33131

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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.

SIGNATUR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUCHER, JAMES R 420 LINCOLN RD, STE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUCHER, MICHAEL G 420 LINCOLN RD, STE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY- ST-ZIP	VP BOUCHER, STEVEN V 420 LINCOLN RD, STE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BOUCHER, PERRY A 420 LINCOLN RD, STE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify 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 dath; 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 675 forida Statutes.

SIGNATURE:

URE: JAMES R. BOVCHER SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/07

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Daytima Phone #