


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000006861 1. Entity Name BOUCHER BROTHERS MIAMI BEACH, LLC	
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Principal Place of Business 420 LINCOLN ROAD, STE 265 MIAMI BEACH, FL 33139	Mailing Address 420 LINCOLN ROAD, STE 265 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3835644	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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.

SIGNATURE: _____
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-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80093-017 55.00

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11. 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 is true and accurate and that my 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 609, Florida Statutes.

SIGNATURE: James R. Boucher 4/20/07 3052181024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #