


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90106 011 ***138.75

DOCUMENT # L02000033387

1. Entity Name
BOARDWALK APARTMENTS, LLC



Principal Place of Business Mailing Address

% HIDDEN LAKE APARTMENTS **% HIDDEN LAKE APARTMENTS**
4150 S. KIRKMAN RD. **4150 S. KIRKMAN RD.**
ORLANDO FL 32811 **ORLANDO FL 32811**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

BOARDWALK APTS. **BOARDWALK APTS.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

3130 W. LAMBRIGHT **3130 W. LAMBRIGHT**

1st MOORE CR2E083 (10/07)

City & State City & State

TAMPA FL. **TAMPA FL.**

4. FEI Number Applied For

31-1193319 Not Applicable

Zip Country Zip Country

33614 **HILLSB.** **33614** **HILLS.**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VAUGHAN, DOROTHY A
THE PLAYERS CLUB
1425 GULF OF MEXICO DR., D-102
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HITSMAN, MICHAEL R	
STREET ADDRESS	6099 RIVERSIDE DR., STE. 200	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: Tamera Moore (TAMERA MOORE) 2/4/08 813-935-0438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #