


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90055 005 ***138.75

DOCUMENT # L03000018764

1. Entity Name
 BOYETTE BALM RIVERVIEW, LLC



Principal Place of Business
 2240 LITHEA CENTER LANE
 VALRICO, FL 33594 US

Mailing Address
 P.O. BOX 1592
 BRANDON, FL 33509 US

60002072



2. Principal Place of Business - No P.O. Box #
 638 E. Bloomingdale Ave

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-LLC CR2E083 (12/06)

City & State
 BRANDON FL

City & State

Zip
 33571

Country
 USA

4. FEI Number
 35-2206466

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MCDERMOTT, MICHAEL J
 791 WEST LUNADON ROAD
 BRANDON, FL 33509

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURLEY, B. MITCHELL PO BOX 1592 BRANDON, FL 33509 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: *M. Mitchell* 1-14-08 813 689-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #