['] 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032889

1. Entity Name

BOUCHER BROTHERS FORT LAUDERDALE BEACH, LLC



Principal Place of Business

420 LINCOLN ROAD

SUITE 265 MIAMI BEACH, FL 33139 Mailing Address

420 LINCOLN ROAD SUITE 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 NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registere	ed 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	MGR BOUCHER, PERRY A 18531 N. BAY ROAD SUNNY ISLES, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUCHER, JAMES 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUCHER, MICHAEL 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUCHER, STEVEN 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

U00000738836 05/11/07-80083-022 55.00

DO NOT WRITE IN THIS SPACE

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 it 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, Forda Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

James Boucha

4/20/02

3052181024

Daylime Phone