


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000054244 1. Entity Name BOUCHER BROTHERS MANAGEMENT, LLC	
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Principal Place of Business 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139	Mailing Address 420 LINCOLN ROAD, SUITE 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 20-0494572	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

**DO NOT WRITE
IN THIS SPACE**

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 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, JAMES R 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR BOUCHER, PERRY A 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR BOUCHER, MICHAEL G 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR BOUCHER, STEVEN V 420 LINCOLN ROAD, SUITE 265 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80083-016 55.00

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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 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: James R. Boucher 4/20/07 3052171021

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