

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90007 047 ****50.00

DOCUMENT # L05000028446					
1. Entity Name BOYD WESTSIDE, LLC					
Principal Place of Business 7586 W. SAND LAKE ROAD ORLANDO, FL 32819			Mailing Address 7586 W. SAND LAKE ROAD ORLANDO, FL 32819		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172006 Chg-LLC CR2E083 (11/05)	
4. FEJ Number 20-2674257				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECHT, LISA A 301 EAST PINE STREET, SUITE 301 GRAYROBINSON, P.A. ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: <u>Scott T. Boyd</u> Street Address (P.O. Box Number is Not Acceptable): <u>7586 W. Sand Lake Road</u> City: <u>Orlando</u> FL Zip Code: <u>32819</u>		
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: <u>[Signature]</u> <u>Scott T Boyd President</u> DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>[Signature]</u> <u>Scott T. Boyd MGRM</u>			Date: <u>4/26/06</u>		Daytime Phone #: <u>407 352-5858</u>