


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000092070 1. Entity Name BOSTON IRISH, LLC	
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Principal Place of Business 2910 OXFORD STREET ORLANDO, FL 32803 US	Mailing Address 2910 OXFORD STREET ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC CR2E083 (11/05)

4. FEI Number 84-6179736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POST, WILLIAM D
 2910 OXFORD STREET
 ORLANDO, FL 32803

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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)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POST, WILLIAM D 2910 OXFORD STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POST, FRANCES E 2910 OXFORD STREET ORLANDO, FL 32803
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01/18/07-80058-011 50.00

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: William D Post *William D Post* Date: 1/15/07 Daytime Phone #: 4078081570

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