

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003803

**FILED**  
**Mar 07, 2006**  
**Secretary of State**

**Entity Name:** BOILERMAKER INVESTMENTS, LLC

**Current Principal Place of Business:**

200 E HIBISCUS BLVD  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 E HIBISCUS BLVD  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 59-3708501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FALLACE, JAMES H JR, ESQ  
1900 S. HICKORY STREET  
SUITE A  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WOODWARD, CARLOS MD  
**Address:** 2200 N RIVERSIDE DRIVE  
**City-St-Zip:** INDIALANTIC, FL 32903

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** CARLOS WOODWARD M.D.

MGRM

03/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date