


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**


03-09-2004 90296 028 \*\*\*\*50.00

<b>DOCUMENT # L01000013753</b>	
1. Entity Name <b>BOULDER VENTURE SOUTH, LLC</b>	

Principal Place of Business <b>4340 HILLSBOROUGH AVENUE, SUITE 212 TAMPA, FL 33614</b>	Mailing Address <b>4340 HILLSBOROUGH AVENUE, SUITE 212 TAMPA, FL 33614</b>
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2. Principal Place of Business <b>2226 S.R. 580</b>	3. Mailing Address <b>2226 S.R. 580</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Clearwater FL</b>	City & State <b>Clearwater FL</b>
Zip <b>33763</b>	Zip <b>33763</b>
Country <b>USA</b>	Country <b>USA</b>

	
02192004 Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>59-3744712</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HUDBA, STEPHEN M</b> <b>101 EAST KENNEDY BOULEVARD, SUITE 3700</b> <b>TAMPA, FL 33602</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, ROBERT E <del>4340 W HILLSBOROUGH AVE STE 212</del> <del>TAMPA, FL 33614</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2226 S.R. 580</b> <b>Clearwater, FL 33763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, KELLY C <del>4340 W HILLSBOROUGH AVE #212</del> <del>TAMPA, FL 33614</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2226 S.R. 580</b> <b>Clearwater, FL 33763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Kelly Schmidt **2/25/04** **(727) 499-2226**

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