## 2005 LIMITED LIABILITY COMPANY

## FILED ANNUAL REPORT Feb 07, 2005 08:00 AM **DOCUMENT # L02000001904 Secretary of State** 1. Entity Name BOYETTE CREEK, L.L.C. Principal Place of Business .... Mailing Address 2502 NORTH ROCKY POINT DRIVE STE. 1050 2502 NORTH ROCKY POINT DRIVE STE. 1050 TAMPA, FL 33607 TAMPA, FL 33607 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0395576 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STROHAUER, GARY N ESQ DO NOT WRITE BAXTER, STROHAUER, MANNION & SILBERMANN.P.A. 1150 CLEVELAND STREET STE. 300 IN THIS SPACE CLEARWATER, FL 33755 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 Signature, typod or eduted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE THE RYAN GROUP, L.L.C. NAME STREET ADDRESS 2502 NORTH ROCKY POINT DRIVE STE. 1050 TAMPA, FL 33607 CITY-ST-7IP MLE U00000219435-NAME 02/08/05-80028-017 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 603, Florida Statutes.

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

NAME STREET ADDRESS