



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90451 024 ****50.00

DOCUMENT # L02000011827					
1. Entity Name BOYETTE OAKS, LLC					
Principal Place of Business 6501 RIVERSIDE DR. N.E. SAINT PETERSBURG, FL 33702			Mailing Address 8501 RIVERSIDE DR. N.E. SAINT PETERSBURG, FL 33702		
2. Principal Place of Business 8501 Riverside Dr NE Suite, Apt. #, etc.		3. Mailing Address 8501 Riverside Dr NE Suite, Apt. #, etc.			
City & State SAINT PETERSBURG FL		City & State SAINT PETERSBURG FL			
Zip 33702 Country USA		Zip 33702 Country USA			
4. FEI Number 75-3069454				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04152004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MONROSE, NINA G 5200 CENTRAL AVE. ST. PETERSBURG, FL 33707			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIX, JOSEPH E. 8501 RIVERSIDE DR. N.E. SAINT PETERSBURG, FL 33702 <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	
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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: JOSEPH E. NIX			Date: 4/15/04 Daytime Phone #: 727 577 9028		