

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011827

1. Entity Name  
BOYETTE OAKS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 12 PM 12:42

Principal Place of Business  
8501 RIVERSIDE DR., NE  
SAINT PETERSBURG, FL 33702

Mailing Address  
8501 RIVERSIDE DR., NE  
SAINT PETERSBURG, FL 33702

\$50.00



2. Principal Place of Business  
240 71st Ave  
Suite, Apt. #, etc.

3. Mailing Address  
240 71st Ave  
Suite, Apt. #, etc.

03312005 Chg-LLC CR2E083 (10/03)

City & State  
St. Pete Beach, FL  
Zip  
33706  
Country  
USA

City & State  
St. Pete Beach, FL  
Zip  
33706  
Country  
USA

4. FEI Number  
75-3069454  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME NIX, JOSEPH E  
STREET ADDRESS 8501 RIVERSIDE DR. N.E.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  
NAME NIX JOSEPH E.  
STREET ADDRESS 240 71st Ave  
CITY-ST-ZIP St. Pete Beach, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

7/5/05 727 687 0555  
Date Daytime Phone #