


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90018 007 ****50.00

DOCUMENT # L02000016192 1. Entity Name BOULEY FLORIDA LLC	
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Principal Place of Business 630 OCEAN DR., APT. 414 JUNO BEACH, FL 33408	Mailing Address 265 GENESEE ST AUBURN, NY 13021
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2378201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASHLEY, DAVID M
2253 N.E. 30TH ST.
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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.

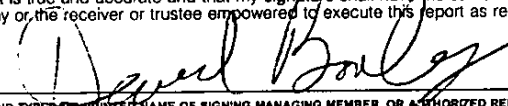
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOULEY, DANIEL D 455 ROSS STREET EXTENSION <i>265 Genesee St.</i> AUBURN, NY 13021
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **5-1-06 (315) 253-4417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #