2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Mar 05, 2007 08:00 A Secretary of State DOCUMENT # L02000023676 1. Entity Name **BOY MANAGEMENT, LLC** Principal Place of Business Mailing Address 410 CALOOSA DRIVE 410 CALOOSA DRIVE LABELLE, FL 33935 LABELLE, FL 33935 03032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 82-0563427 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOY, JOHN B JR 410 CALOOSA DRIVE LABELLE, FL 33935 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) DATE ..-21 Filing Fee is \$50.00 61 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM BOY, JOHN B JR NAME STREET ADDRESS 410 CALOOSA DRIVE LABELLE, FL 33935 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-7IP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP