

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000006798**

1. Entity Name

HENDRY COUNTY REALTY INVESTORS, LLC



Principal Place of Business

P.O. BOX 490  
90 YEOMANS AVE.  
LABELLE FL 33975

Mailing Address

P.O. BOX 490  
90 YEOMANS AVE.  
LABELLE FL 33975



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2316660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOY, JOHN B JR.  
401 S.W. OWEN AVE.  
CLEWISTON FL 33440

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME: MGRM ☐ Delete  
J&K INVESTMENTS OF LABELLE, LLC.  
STREET ADDRESS: P.O. BOX 490  
CITY- ST- ZIP: LABELLE FL 33975

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: MGRM ☐ Delete  
B&K REALTY OF LABELLE, LLC  
STREET ADDRESS: P.O. BOX 490  
CITY- ST- ZIP: LABELLE FL 33975

TITLE  
NAME: 000000656571 ☐ Change ☐ Addition  
STREET ADDRESS: 03/14/07-80031-021 50.00  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

*John B Boy Jr* 3/3/07 863-678-3777