2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000020855

1. Entity Name

BOUCHER BROTHERS VIRGINIA BEACH, LLC



Principal Place of Business

420 LINCOLN ROAD SUITE 265

MIAMI BEACH, FL 33139

Mailing Address

420 LINCOLN ROAD SUITE 265

MIAMI BEACH, FL 33139

FILED Apr 27, 2007 08:00 AM Secretary of State



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS-FITZGERALD, ABIGAIL C C/O HUNTON & WILLIAMS 1111 BRICKELL AVE., STE 2500 MIAMI, FL 33131

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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 Agen) signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BOUCHER, PERRY A
STREET ADDRESS	420 LINCOLN ROAD, SUITE 265
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	BOUCHER, JAMES
STREET ADDRESS	420 LINCOLN ROAD, SUITE 265
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	BOUCHER, MICHAEL
STREET ADDRESS	420 LINCOLN ROAD, SUITE 265
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	BOUCHER, STEVEN
STREET ADDRESS	420 LINCOLN ROAD, SUITE 265
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	

U00000738833 05/11/07-80083-019 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 underloath; 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 amount 6091 Florida Statutes.

SIGNATURE:

CITY - ST - 7IP

TY ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR

BOULHER

4/20/0

305218/029

Date

Daytene Phone #