2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L03000026052

Entity Name: BOSTON MANAGEMENT GROUP, LLC

Current Principal Place of Business:

4510 WEST SR 46
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4510 WEST SR 46
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-0189273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINSLEY, BRIAN P MGR
251 ALTAMONTE COMMERCE BLVD
SUITE 1410
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THOMPSON, D. MICHAEL
Address: 1684 CHERRY RIDGE DR
City-St-Zip: LAKEMARY, FL 32746

Title: MGR ( ) Delete
Name: KINSLEY, BRIAN P
Address: 1642 TENNYSON CT
City-St-Zip: LAKEMARY, FL 32746

Title: MGR ( ) Delete
Name: PAQUETTE, PAUL R
Address: 1597 CHERRY LAKE WAY
City-St-Zip: LAKEMARY, FL 32746

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: THOMPSON, STEPHEN E
Address: 296 CHISWELL PLACE
City-St-Zip: LAKEMARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN P. KINSLEY MNGR 04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date