# 2008 LIMITED LIABILITY COMPANY

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#### **ANNUAL REPORT DOCUMENT # L03000035553** 1. Entity Name BOM PSL LAND HOLDING COMPANY, LLC

**FILED** Feb 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1615 NW FEDERAL HIGHWAY STUART, FL 34994

1615 NW FEDERAL HIGHWAY STUART, FL 34994



01222008 No Chg-LLC

CR2E083 (12/07)

	C5 00 Addd
20-5502497	Not Applicable
4. FEI Number	Applied For

5. Certificate of Status Desired

Fee Required

ο.	Name	and w	agress	Of C	irrent	Kegiste	rea A	gent

WALKER, ANDREW T 1615 NW FEDERAL HIGHWAY STUART, FL 34994

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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 \$138.75 After May 1, 2008 Fee will be \$538.75		

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, ANDREW T 1615 NW FEDERAL HIGHWAY STUART, FL 34994
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-7IP	
TITLE NAME STREET ADDRESS CITY-ST-7IP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000830401 02/26/08-80080-020 138.75

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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 offect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered the secure this report as required by Chapter 608. Florida Statutes

SIGNATURE:

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

*2)14*(09

772-878-5859

Daytime Phone #