

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000041348

1. Entity Name
BOCA CIEGA INVESTORS, LLC



Principal Place of Business

ATTN: JOSEPH D. MITCHELL
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308-3700

Mailing Address

ATTN: JOSEPH D. MITCHELL
2851 REMINGTON GREEN CIRCLE, SUITE A
TALLAHASSEE, FL 32308-3700

FILED

07 MAR 20 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
51-0487570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MITCHELL, JOSEPH D
2851 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 323083700

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FARMER, C. GUY
2851 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 323083700

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/29/07--01050--023 **50.00

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IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

C. G. Farmer, Secy. 2/26/07 850-386-2522