2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 26, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L03000042594 BOY, LLC		Secretary or State
Principal Place of Business 4115 W. SAN LUIS ST. TAMPA, FL 33629 Mailing Address -4115 W. SAN LUIS ST. TAMPA, FL 33629 TAMPA, FL 33629			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			03232005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required
ELDER, STEPHANIE J 4115 W. SAN LUIS ST. TAMPA, FL 33629			DO NOT WRITE IN THIS SPACE
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 tide if explicable (NOTE Registered Agent signature required when reinstating) DATE Fitting Fee Is \$50.00 Due by May 1, 2005			
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM ELDER, STEPHANIE J 4115 W. SAN LUIS ST. TAMPA, FL 33629		#NAMANAS77670
TITLE NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby o	certify that the information supplied with this filing does not qualify for the exe on this report is true and accurate and that my signature shall have the same billity company or the receiver or trustee empowered to execute this report as	mption stated in Se	ction 119.07(3)(i), Florida Statutes. I further certify that the information