


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90204 012 ****50.00

DOCUMENT # L04000003572	
1. Entity Name THE BOULEVARD INVESTMENT GROUP, L.L.C.	

Principal Place of Business C/O JOHN A. MORAN 22 SOUTH LINKS AVE, STE 300 SARASOTA, FL 34236	Mailing Address C/O JOHN A. MORAN 22 SOUTH LINKS AVE, STE 300 SARASOTA, FL 34236
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20044051



2. Principal Place of Business c/o John A. Moran 1990 Main Street Suite, Apt. #, etc. Suite 700	3. Mailing Address c/o John A. Moran P. O. Box 3948 Suite, Apt. #, etc.
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03102005 Chg-LLC CR2E083 (10/03)

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 52-2440253	Applied For <input type="checkbox"/> Not Applicable
Zip 34236	Country U.S.	Zip 34230	Country U.S.
6. Name and Address of Current Registered Agent MORAN, JOHN A ESQ C/O DUNLAP & MORAN, P.A. 22 SOUTH LINKS AVE, STE 300 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236	

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 	DATE 3/10/05

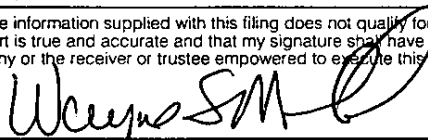
**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOREHEAD, WAYNE S 343 CARUSO CT ATLANTA, GA 30350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


Wayne S. Morehead

Manager

3/13/05 770/557-5258

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

Date Daytime Phone #