

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009677

FILED
Mar 22, 2006
Secretary of State

Entity Name: BOULDER ROCK PLAZA, LLC

Current Principal Place of Business:

185 CYPRESS POINT PARKWAY
SUITE 4
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

103 BRUSHWOOD LANE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 51-0496271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VOST, MARK R
185 CYPRESS POINT PKWY
SUITE 4
PALM COAST, FL 32164 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: VOST, MARK
Address: 103 BRUSHWOOD LANE
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: VINNICK, BRUCE A
Address: 17 RIVER OAKS WAY
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: SALVAGIO, LOUIS
Address: 1214 PALM COAST PKWY SW
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SALVAGIO, LOUIS
Address: 50 CYPRESS POINT PKWY #B1
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK R. VOST

MGR

03/22/2006

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