2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYP

FILED Apr 23, 2007 08:00 A Secretary of State DOCUMENT # L04000026820 1. Entity Name JAMÉS F.BOYLE LLC 神神神神神神神神神 Principal Place of Business **** Mailing Address 411 LUCILLE WAY **411 LUCILLE WAY** ORLANDO, FL 32835 ORLANDO, FL 32835 CR2E083 (11/05) 02162007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0863851 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYLE, JAMES F DO NOT WRITE 9102 NORTH BAY BLVD. ORLANDO, FL 32819 IN THIS SPACE 8. The above named ontity 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR BOYLE, JAMES F NAME 411 LUCILLE WAY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32835 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U000000724112 STREET ADDRESS 05/02/07-80100-002 50.00 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE