


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90318 030 ***138.75

DOCUMENT # L04000028120	
1. Entity Name BOLTONS CAPITAL MANAGEMENT LLC	

Principal Place of Business 777 BRICKELL AVENUE, SUITE 1070 MIAMI, FL 33131	Mailing Address 777 BRICKELL AVENUE, SUITE 1070 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 2001 Biscayne Blvd.	3. Mailing Address 2001 Biscayne Blvd.
Suite, Apt. #, etc. Suite 3402	Suite, Apt. #, etc. Suite 3402
City & State Miami, FL	City & State Miami, FL
Zip 33137	Country US



04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0505271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KENNEY, JUDITH 777 BRICKELL AVE., SUITE 1070 MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name Judith Kenney
Street Address (P.O. Box Number is Not Acceptable) 2001 Biscayne Blvd.
Suite 3402
City Miami
FL Zip Code 33137

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 *Judith Kenney* Judith Kenney 4/16/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAVRINIDES, MICHALIS 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131 <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 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: *Judith Kenney, Auth'd Rep.* Judith Kenney 4/16/2008 305 572-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #