

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM  
Secretary of State

DOCUMENT # L04000040701

1. Entity Name  
B & L ASSOCIATES OF BOYNTON LLC



Principal Place of Business  
200 CONGRESS PARK DR, SUITE 100  
DELRAY BEACH, FL 33445

Mailing Address  
200 CONGRESS PARK DR, SUITE 100  
DELRAY BEACH, FL 33445



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1206849

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STEVEN M. AUERBACHER, PA  
200 CONGRESS PARK DR, SUITE 100  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

U00000838865  
03/04/08-80034-006 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME KIRSE, PATRICK S  
STREET ADDRESS 200 CONGRESS PARK DR, SUITE 100  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGR  
NAME CROSBY, CHRISTOPHER  
STREET ADDRESS 200 CONGRESS PARK DR, SUITE 100  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

2/13/08