
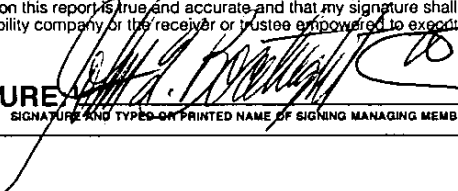


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90080 040 \*\*\*150.00  
06-08-2005 90211 014 \*\*\*150.00

<b>DOCUMENT # L04000042945</b> 1. Entity Name <b>BOATRIGHT INVESTMENT PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308</b>			Mailing Address <b>1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business <b>506 NE County Road #354</b>		3. Mailing Address <b>506 NE County Road #354</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Mayo, FL</b>		City & State <b>Mayo, FL</b>		4. FEI Number <b>20-1218343</b>	
Zip <b>32066</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOATRIGHT, JOHN Q II PO BOX 5020 CROSS CITY, FL 32628</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Boatright, John Q II 506 NE county Road #354 Mayo, FL 32066</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE</b> 		<b>John Q. Boatright II</b>		<b>6/3/05 386-294-2628</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					