

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90031 018 ****50.00

| | |
|---|---|
| DOCUMENT # L04000042945 1. Entity Name BOATRIGHT INVESTMENT PROPERTIES, L.L.C. |  |
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| Principal Place of Business 506 NE COUNTY ROAD, # 354 MAYO, FL 32066 | Mailing Address 506 NE COUNTY ROAD, # 354 MAYO, FL 32066 |
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DO NOT WRITE IN THIS SPACE



03282006No Chg-LLC CR2E083 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-1218343 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308 |
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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

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BOATRIGHT, JOHN Q II 506 NE COUNTY ROAD, # 354 MAYO, FL 32066 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  **John Q. Boatright II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #