

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052034

FILED
Jan 29, 2008
Secretary of State

Entity Name: TOMBOY REAL ESTATE LLC

Current Principal Place of Business:

17105 SAN CARLOS BLVD
SUITE A6-179
FT. MYERS, FL 33931

New Principal Place of Business:

Current Mailing Address:

17105 SAN CARLOS BLVD
SUITE A6-179
FT. MYERS, FL 33931

New Mailing Address:

19824 W. CATAWBA AVE.
SUITE E
CORNELIUS, NC 28031

FEI Number: 11-3722971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATION, INC.
300 FIFTH AVENUE SOUTH, STE 101-330
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOYKIN, ROBERT W
Address: 17105 SAN CARLOS BLVD
City-St-Zip: FT. MYERS, FL 33931

Title: MGR () Delete
Name: BOYKIN, PAULA J
Address: 17105 SAN CARLOS BLVD
City-St-Zip: FT. MYERS, FL 33931

Title: MGR () Delete
Name: DUNCAN, THOMAS R JR
Address: 16824 FLYING JIB ROAD
City-St-Zip: CORNELIUS, NC 28031

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS RAYMOND DUNCAN JR.

MGR

01/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date