

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90048 002 ****50.00

DOCUMENT # L04000061246

1. Entity Name
VILLAGE AT BOYETTE, LLC



Principal Place of Business
212 E CASS ST
TAMPA, FL 33602

Mailing Address
212 E CASS ST
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



03072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1517663

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHAN, MASOOD K 212 E CASS ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KHAN, NANCY C 212 E CASS ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHAN, KHALID J 212 E CASS ST TAMPA, FL 33602
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**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:

Masood Khan

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

4/21/06 (813) 985-7899

Date

Daytime Phone #