2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000061246

1. Entity Name
VILLAGE AT BOYETTE, LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

212 E CASS ST TAMPA, FL 33602 Mailing Address

212 E CASS ST TAMPA, FL 33602



01152007 No 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

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	KHAN, MASOOD K
STREET ADDRESS	212 E CASS ST
CiTY-ST-ZIP	TAMPA, FL 33602
TITLE	ST
NAME	KHAN, NANCY C
STREET ADDRESS	212 E CASS ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	KHAN, KHALID J
STREET ADDRESS	212 E CASS ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
THILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	

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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:



4/24/07

(813) 985-789

Date

Daytime Phone #