

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90374 001 ***416.25

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

30007504



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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: *Nancy C. Khan*

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

4-25-08

Date

813 985 7899

Daytime Phone #