

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000061246

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE AT BOYETTE, LLC

**Current Principal Place of Business:**

208 E CASS ST  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

208 E CASS ST  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 20-1517663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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:** P  
**Name:** KHAN, MASOOD K  
**Address:** 208 E CASS ST  
**City-St-Zip:** TAMPA, FL 33602

**Title:** ST  
**Name:** KHAN, NANCY C  
**Address:** 208 E CASS ST  
**City-St-Zip:** TAMPA, FL 33602

**Title:** VP  
**Name:** KHAN, KHALID J  
**Address:** 208 E CASS ST  
**City-St-Zip:** TAMPA, FL 33602

I hereby 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:** MASOOD K KHAN

P

04/16/2012

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