

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072823

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** BOYKIN BARNETT COMPANIES LLC

**Current Principal Place of Business:**

500 N. WESTSHORE BLVD.  
SUITE 800  
TAMPA, FL 33609

**New Principal Place of Business:**

4006 SOUTH MACDILL AVENUE  
TAMPA, FL 33611

**Current Mailing Address:**

500 N. WESTSHORE BLVD.  
SUITE 800  
TAMPA, FL 33609

**New Mailing Address:**

4006 SOUTH MACDILL AVENUE  
TAMPA, FL 33611

**FEI Number:** 54-1952092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MERRILL, RANDOLPH  
500 N. WESTSHORE BLVD.  
SUITE 800  
TAMPA, FL 33609 US

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

MERRILL, RANDOLPH  
4006 SOUTH MACDILL AVENUE  
TAMPA, FL 33611 US

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:**

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MM ( ) Delete  
**Name:** MERRILL, RANDOLPH S  
**Address:** 500 N WESTSHORE BLVD., SUITE 800  
**City-St-Zip:** TAMPA, FL 33609

**ADDITIONS/CHANGES:**

**Title:** MM (X) Change ( ) Addition  
**Name:** MERRILL, RANDOLPH S  
**Address:** 4006 SOUTH MACDILL AVENUE  
**City-St-Zip:** TAMPA, FL 33611

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:** RANDOLPH S. MERRILL

MM

04/30/2009

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