2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

ANNUAL REPORT			Secretary of State	
1. Entity Nam	MENT # L04000078282 ie Boys, llc		05-05-2008 90	0042 001 ***138.75
RELIGAIDE S	DE LEON BOULEVARD 224 PONCE DE LEON BOULE	VARD		
DO NOT WRITE IN THIS SPACE				R2E083 (12/07)
			20-1817747	Not Applicable
			5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent			~ .
DOGANIERO, PHILIP 224 PONCE DE LEON BOULEVARD 670 Clearwater Sarge for BELLEAIRE, FL-33766 Surfe D Surge, 71 33770		DO NOT WRITE IN THIS SPACE		
SIGNATURE	named entity jubmits this statement for the purpose of changing its registrons of registered agent. Signeture, typed or public name of registered agent and title if applicable. (NOTE: Registrong agent) NOWILL FEE IS \$138.75	ered office or register		I am familiar with, and accept 4:39:08
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOGANIERO, PHILIP MGRM 224 PONGE DE-LEON BLVD BELLEAR, FL 33766 670 Clearwater Large to Suite D Large, 71 33770			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		-		

11. 1 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 prustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP

429.08

737-50/-//60 Daytime Phone #