

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086824

FILED
Apr 26, 2005
Secretary of State

Entity Name: BOSS INVESTMENTS I, L.L.C.

Current Principal Place of Business:

211 PALMETTO ROAD
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

211 PALMETTO ROAD
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-1913937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OVERBAUGH, ALAN N
211 PALMETTO ROAD
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

OVERBAUGH, ALAN N DR.
211 PALMETTO ROAD
GULF BREEZE, FL 32561 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: DR. ALAN N. OVERBAUGH

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GULF COAST INVESTMEN, TS, L.L.C.
Address: 211 PALMETTO ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: BLUNDELL, JACK W
Address: 308 TWISTED OAK DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: BLUNDELL, TAMMY K
Address: 308 TWISTED OAK DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM () Delete
Name: SCHROTH, ELLEN S
Address: P.O. BOX 221
City-St-Zip: GULF BREEZE, FL 32562

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. ALAN N. OVERBAUGH

MGR

04/26/2005

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