

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086824

FILED  
Apr 26, 2006  
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 DR.  
211 PALMETTO ROAD  
GULF BREEZE, FL 32561 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: 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 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: DR. ALAN N. OVERBAUGH

MGRM

04/26/2006

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