2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State
02-10-2006 90166 043 ****55.00

DOCUMENT # L04000091958

1. Entity Name
BOYETT ENTERPRISES, LLC

20007082

Principal Place of Business	Mailing Address
1419 FALKIRK COURT JACKSONVILLE FL 32221 US	1419 FALKIRK COURT JACKSONVILLE FL 32221 US

2. Principal Place of Business	3. Mailing Address
10142 103rd ST	
Suite, Apt. #, etc.: #105	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State
Zip: 32221 / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 43-2070006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE LAW OFFICES OF JIM FARAH, P.A. 3060 MERCURY ROAD 101 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYETT HOLDING COMPANY, LLC 1419 FALKIRK COURT JACKSONVILLE FL 32221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] HAROLD N. BOYETT 1/30/06 904-448-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #