

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011974

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** BOYD MUSTELIER SMITH & PARKER, P.L.

**Current Principal Place of Business:**

MUSEUM TOWER, SUITE 2800  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**New Principal Place of Business:**

100 SE 2ND STREET  
36TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

MUSEUM TOWER, SUITE 2800  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**New Mailing Address:**

100 SE 2ND STREET  
36TH FLOOR  
MIAMI, FL 33131

**FEI Number:** 20-2287218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
ONE BISCAYNE TOWER, SUITE 3550  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: BOYD, WILLIAM T ESQ  
Address: 12990 BISCAYNE ISLAND TERRACE  
City-St-Zip: NORTH MIAMI, FL 33181 US

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:** WILLIAM T. BOYD

MR.

01/10/2006

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