

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014723

**FILED**  
**Mar 12, 2008**  
**Secretary of State**

**Entity Name:** BOYLES INVESTMENTS LLC

**Current Principal Place of Business:**

4504 TWIN OAKS DRIVE  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 967  
GULF BREEZE, FL 325620967 US

**New Mailing Address:**

FEI Number: 20-2321120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOYLES, BRENT L  
9501 SCENIC HWY  
PENSACOLA, FL 32514 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: BOYLES, BRENT L  
Address: 9501 SCENIC HWY  
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete  
Name: BOYLES, JENNIFER  
Address: PO BOX 967  
City-St-Zip: GULF BREEZE, FL 325620967

**ADDITIONS/CHANGES:**

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 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: JENNIFER BOYLES

MGRM

03/12/2008

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