


FILED
May 16, 2006 8:00 am
Secretary of State

04-17-2006 90042 019 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026307			
1. Entity Name BOONE MANAGEMENT, LLC			
Principal Place of Business 329 THOMPSON ROAD SANTA ROSA BEACH, FL 32459		Mailing Address 329 THOMPSON ROAD SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 271 Bell Dawson Rd. <small>State, Apt. #, etc.</small>		3. Mailing Address 271 Bell Dawson Rd. <small>State, Apt. #, etc.</small>	
City & State Ponce De Leon, FL		City & State Ponce De Leon, FL	
Zip 32455		Zip 32455	
Country		Country	
4. FEI Number 20-2528343		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HENDERSON, JOSEPH 45 BEAL PARKWAY, NE FORT WALTON BEACH, FL 32549		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent who signs application</small>		DATE _____ <small>(NOTE: Registered Agent Signature Required when reappointing)</small>	
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOONE, MILLIE E 329 THOMPSON ROAD SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	271 Bell Dawson Rd. Ponce De Leon, FL 32455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Millie E. Boone</u>		Date: <u>04-12-06</u>	
<small>Signature and typed or printed name of signatory must be provided, in addition to the typed or printed name of the signatory.</small>		<small>Date</small>	

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04042006 Chg-LLC CR2E083 (11/05)