

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026307

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Entity Name:** BOONE MANAGEMENT, LLC

**Current Principal Place of Business:**

1414 OTTER POND RD  
WESTVILLE, FL 32464

**New Principal Place of Business:**

1416 OTTER POND RD  
WESTVILLE, FL 32464

**Current Mailing Address:**

1414 OTTER POND RD  
WESTVILLE, FL 32464

**New Mailing Address:**

1416 OTTER POND RD  
WESTVILLE, FL 32464

**FEI Number:** 20-2528343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDERSON, JOSEPH  
45 BEAL PARKWAY, NE  
FORT WALTON BEACH, FL 32549 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: BOONE, MILLIE E  
Address: 1414 OTTER POND RD  
City-St-Zip: WESTVILLE, FL 32464

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOONE, MILLIE E  
Address: 1416 OTTER POND RD  
City-St-Zip: WESTVILLE, FL 32464

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: JOSEPH HENDERSON

RA

01/14/2009

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