## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000033835

1. Entity Name BOOZER BROTHERS, LLC



FILED Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

1515 ELIZABETH STREET, SUITE H MELBOURNE, FL 32901 Mailing Address

1515 ELIZABETH STREET, SUITE H MELBOURNE, FL 32901



03292007 No Chg-LLC

CR2E083 (11/05)

| Ac.           | ^^ |                |
|---------------|----|----------------|
| 20-2694463    |    | Not Applicable |
| 4. FEI Number |    | Applied For    |
|               |    |                |

1 . .

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOZER, FRED D JR. 1515 ELIZABETH STREET, SUITE H MELBOURNE, FL 32901

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the purpose of char<br>ions of registered agent.       | nging its registered office or registered agent, or b        | both, in the State of Florida. I am familiar with, and accept |
|--|--|--|---|
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title it applicable.                  | (NOTE: Registered Agent signature required when reinstating) | OATE  |
| FI<br>D  | lling Fee is \$50.00<br>ue by May 1, 2007  |  |   |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>FRED D. BOOZER, JR AS TRUSTEE<br>1515 ELIZABETH STREET, SUITE H<br>MELBOURNE, FL 32901 |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>OTTO S. BOOZER AS TRUSTEE<br>1515 ELIZABETH STREET, SUITE H<br>MELBOURNE, FL 32901     |  | 04/17/07-80049-010 50.00                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | DC   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | in a second  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |   |
| TITLE NAME STREET ADDRESS                      |  |  |   |

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 flability company or the received or thought of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #