


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000053944</b>		
1. Entity Name <b>BOARDWALK &amp; PARK PLACE, LLC</b>		
Principal Place of Business <b>25 WEST CEDAR STREET, SUITE 313 PENSACOLA, FL 32502</b>	Mailing Address <b>P.O. BOX 111 PENSACOLA, FL 32591</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCALPIN, RICHARD R 25 WEST CEDAR STREET, SUITE 313 PENSACOLA, FL 32502</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	<b>MGR</b>	
NAME	<b>MCALPIN, RICHARD D</b>	
STREET ADDRESS	<b>25 W CEDAR ST STE 313</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 32502</b>	
TITLE		
NAME		
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CITY - ST - ZIP		
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><i>R. McAlpin</i></u>		Date: <u>3/5/07</u> (850) <u>432-1090</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #



03032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2962309</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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04/14/07-80079-003 50.00