
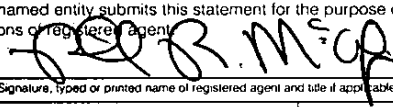
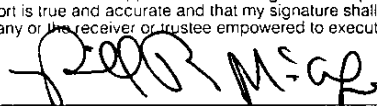


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 026 ***138.75

DOCUMENT # L05000053944 1. Entity Name BOARDWALK & PARK PLACE, LLC					
Principal Place of Business 25 WEST CEDAR STREET, SUITE 313 PENSACOLA, FL 32502			Mailing Address P.O. BOX 111 PENSACOLA, FL 32591		
2. Principal Place of Business - No P.O. Box # 220 S. PALAFOX PI			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State PENSACOLA FL			City & State 		
Zip 32502		Country 		Zip 	
Country 		Country 		4. FEI Number 20-2962309	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCALPIN, RICHARD R 25 WEST CEDAR STREET, SUITE 313 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name RICHARD R. MCALPIN Street Address (P.O. Box Number is Not Acceptable) 220 S. PALAFOX PLACE City PENSACOLA FL Zip Code 32502	
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  DATE 4/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCALPIN, RICHARD D 25 W CEDAR ST STE 313 PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	220 S. PALAFOX PI PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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  DATE 4/7/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					