


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90025 028 ****50.00

DOCUMENT # L05000054311					
1. Entity Name DEBORAH A. BOYER, LLC					
Principal Place of Business 1690 MANOR WAY GLENWOOD, FL 32722			Mailing Address 1690 MANOR WAY GLENWOOD, FL 32722		
2. Principal Place of Business			3. Mailing Address PO Box 1250		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State DeLeon Springs, FL		
Zip		Country		Zip 32130 Country USA	
6. Name and Address of Current Registered Agent BOYER, DEBORAH A 1690 MANOR WAY GLENWOOD, FL 32722			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 <u>Deborah A. Boyer</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-23-06</u>					
Filing Fee is \$50.00 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	MGR BOYER, DEBORAH A 1690 MANOR WAY GLENWOOD, FL 32722	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Deborah A. Boyer DATE 4-23-06 386 801/430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #