2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90028 014 ****50.00

DOCUMENT # L05000056590

1. Entity Name
BOYLE LAND PENSION PLAN, LLC

Principal Place of Business	Mailing Address
~~2030 MCGREGOR BLVD.~~ FT. MYERS, FL 33901	~~2030 MCGREGOR BLVD~~ FT. MYERS, FL 33901

30008218

04032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2050 McGregor Blvd	2050 McGregor Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers, FL
Zip: 33901 Country: USA	Zip: 33901 Country: USA

4. FEI Number: None ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, MARK A
~~2030 MCGREGOR BLVD.~~ 2050 McGregor Blvd
FT. MYERS, FL 33901

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 [signature] 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 BOYLE, MARK A ~~2030~~ 2050 MCGREGOR BLVD. FT. MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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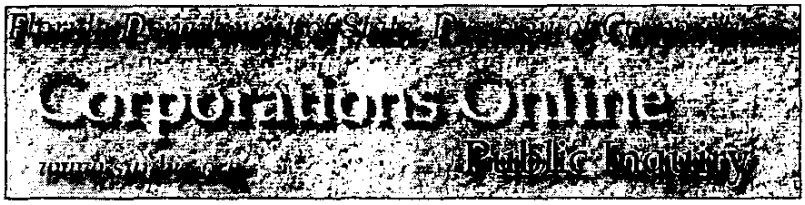
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/12/06 239 3371303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 30008218
L05000056590



Florida Limited Liability

BOYLE LAND PENSION PLAN, LLC

PRINCIPAL ADDRESS
2030 MCGREGOR BLVD.
FT. MYERS FL 33901

MAILING ADDRESS
2030 MCGREGOR BLVD.
FT. MYERS FL 33901

Document Number
L05000056590

FEI Number
NONE

Date Filed
06/08/2005

State
FL

Status
ACTIVE

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
BOYLE, MARK A 2030 MCGREGOR BLVD. FT. MYERS FL 33901

Manager/Member Detail

Name & Address	Title
BOYLE, MARK A 2030 MCGREGOR BLVD. FT. MYERS FL 33901	MGR

Annual Reports

Report Year	Filed Date

ATTACHMENT
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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

06/08/2005 -- Florida Limited Liabilites

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Corporations Inquiry | Corporations Help