

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057556

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: BOOTSTRAP PROPERTIES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

17119 PERDIDO KEY DRIVE, #C-34  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

17119 PERDIDO KEY DRIVE, #C-34  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 20-2979372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUDSON, ROBERT P  
17119 PERDIDO KEY DRIVE, #C-34  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JUDSON, ROBERT P  
Address: 17119 PERDIDO KEY DRIVE, #C-34  
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete  
Name: JUDSON, MATTHEW C  
Address: 2309 MAPLECREST DR.  
City-St-Zip: NASHVILLE, TN 37214

Title: MGRM ( ) Delete  
Name: JUDSON, KATHLEEN A  
Address: 17119 PERDIDO KEY DRIVE, #C-34  
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete  
Name: HERRINGTON, MARY P  
Address: 2403 GOLDENROD  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Delete  
Name: MCHENRY, MELISSA E  
Address: 2309 MAPLECREST DR.  
City-St-Zip: NASHVILLE, TN 37214

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JUDSON, MELISSA E  
Address: 2309 MAPLECREST DR.  
City-St-Zip: NASHVILLE, TN 37214

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT P. JUDSON

MGRM

03/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date