

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066117

Entity Name: BOULDER REALTY, LLC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

610 BOULDER DR.
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

610 BOULDER DR.
SANIBEL, FL 33957

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, J. ANDREW
610 BOULDER DR.
SANIBEL, FL 33957 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: BOYLE, J. ANDREW
Address: 610 BOULDER DR.
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: HARDER, LEE ELLEN
Address: 610 BOULDER DR.
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: HARDER, PATRICK L
Address: 610 BOULDER DR.
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: ROBINSON, CECILY I
Address: 8 COVE RD.
City-St-Zip: IPSWICH, MA 01938

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:

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: J. ANDREW BOYLE

MR.

04/10/2008

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