

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000067770

1. Entity Name
BOREE REAL ESTATE, LLC



| | |
|--|--|
| Principal Place of Business 3819 CEDAR FOREST DRIVE EAST JACKSONVILLE, FL 32210 | Mailing Address 3819 CEDAR FOREST DRIVE EAST JACKSONVILLE, FL 32210 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HOLBROOK COLD, KATHLEEN
 ONE INDEPENDENT DRIVE, SUITE 2301
 JACKSONVILLE, FL 32202**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable * (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000875027
 04/11/08-80057-007 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOREE, GRACIE D 3819 CEDAR FOREST DRIVE, EAST JACKSONVILLE, FL 32210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOREE, ALLAN D 3819 CEDAR FOREST DRIVE EAST JACKSONVILLE, FL 32210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Gracie D Boree Gracie D Boree 02-05-08 904 771 1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #