

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90152 017 \*\*\*\*55.00

DOCUMENT # L05000072367

1. Entity Name  
BOORITCH INVESTMENTS, LLC



Principal Place of Business  
3548 TUSCANY RESERVE BLVD.  
NEW SMYRNA BEACH, FL 32168

Mailing Address  
1864 FOROUGH CIRCLE  
PORT ORANGE, FL 32128

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
3548 Tuscany Reserve Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-LLC CR2E083 (12/06)

City & State

City & State  
New Smyrna Beach, FL

4. FEI Number  
20-3523420

Applied For  
Not Applicable

Zip Country

Zip Country  
32168

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOORITCH, JAMES F  
3548 TUSCANY RESERVE BLVD.  
NEW SMYRNA BEACH, FL 32168

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, 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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BOORITCH, JAMES  
STREET ADDRESS 3548 TUSCANY RESERVE BLVD.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/07

(412) 779-3792