


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90097 022 \*\*\*\*50.00

<b>DOCUMENT # L05000095817</b>					
<b>1. Entity Name</b> BOATWRIGHT REPAIR LLC					
<b>Principal Place of Business</b> 6008 G BOATWRIGHT PLACE TAMPA, FL 33619			<b>Mailing Address</b> 6008 G BOATWRIGHT PLACE TAMPA, FL 33619		
<b>2. Principal Place of Business - No P.O. Box #</b> 41503 Nipper Road		<b>3. Mailing Address</b> 41503 Nipper Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Zephyrhills FL		<b>City &amp; State</b> Zephyrhills		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33540		<b>Country</b> US		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BOATWRIGHT, JOHN W 6008 G BOATWRIGHT PLACE TAMPA, FL 33619			Name <u>Boatwright, John W</u> Street Address (P.O. Box Number is Not Acceptable) 41503 Nipper Road City <u>Zephyrhills</u> FL Zip Code <u>33540</u>		
<b>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.</b>					
SIGNATURE <u>John Boatwright</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>8/15/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOATWRIGHT, JOHN W 6008 G BOATWRIGHT PLACE TAMPA, FL 33619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Boatwright, John W 41503 Nipper Road Zephyrhills, FL 33540
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
SIGNATURE: <u>John Boatwright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>8/15/07</u> (813) 788-2059 <small>Daytime Phone #</small>		