

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102448

Entity Name: BOYNTON-KAYE LLC

FILED  
Jul 19, 2006  
Secretary of State

## Current Principal Place of Business:

567 INDUSTRIAL DRIVE  
TALLAHASSEE, FL 32302

## New Principal Place of Business:

567 INDUSTRIAL DRIVE  
TALLAHASSEE, FL 32310

## Current Mailing Address:

567 INDUSTRIAL DRIVE  
TALLAHASSEE, FL 32302

## New Mailing Address:

567 INDUSTRIAL DRIVE  
TALLAHASSEE, FL 32310

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BOYNTON KAYE, ADAM  
567 INDUSTRIAL DRIVE  
TALLAHASSEE, FL 32302 US

## Name and Address of New Registered Agent:

BOYNTON KAYE, ADAM  
567 INDUSTRIAL DRIVE  
TALLAHASSEE, FL 32310 US

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:

07/19/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BOYNTON KAYE, ADAM  
Address: 567 INDUSTRIAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32302

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BOYNTON KAYE, ADAM  
Address: 567 INDUSTRIAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the 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: ADAM BOYNTON KAYE

MGRM

07/19/2006

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