

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90043 009 ****50.00

DOCUMENT # L05000107096					
1. Entity Name BOYD MAGUIRE, LLC					
Principal Place of Business 7586 W. SAND LAKE ROAD ORLANDO, FL 32819			Mailing Address 7586 W. SAND LAKE ROAD ORLANDO, FL 32819		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07072006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 03-0581196				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECHT, LISA A ESQ. C/O GRAYROBINSON, P.A. 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
Name			Scott J. Boyd		
Street Address (P.O. Box Number is Not Acceptable)			7586 W. Sand Lake Road		
City			Orlando		FL Zip Code 32819
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		Scott T. Boyd			
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 September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Scott T. Boyd 2600 Ridgeway Drive		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
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		Scott T. Boyd Manager		(407) 352-5858	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date		Daytime Phone #	