


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90123 014 ***138.75

DOCUMENT # L06000005661 1. Entity Name BOUCHELLE ISLAND, LLC																														
Principal Place of Business P.O. BOX 875 NEW SMYRNA BEACH, FL 32172			Mailing Address P.O. BOX 875 NEW SMYRNA BEACH, FL 32172																											
2. Principal Place of Business - No P.O. Box # PO Box 1658 Suite, Apt. #, etc.		3. Mailing Address PO Box 1658 Suite, Apt. #, etc.																												
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL		4. FEI Number 20-4214895																										
Zip 32172		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent SCHICK, DAVID L ESQ. 301 EAST PINE STREET, STE. 1400 ORLANDO, FL 32801				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																														
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHMIDT, GAIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>801 MAGIC STREET maple ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW SMYRNA BEACH, FL 32169</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>801 Maple St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>New Smyrna Beach, FL 32169</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	SCHMIDT, GAIL		STREET ADDRESS	801 MAGIC STREET maple ST		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	801 Maple St.		CITY-ST-ZIP	New Smyrna Beach, FL 32169	
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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: <u><i>David L. Schick</i></u> 3/31/08 386-451-1474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																														