2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L06000005661

Entity Name: BOUCHELLE ISLAND, LLC

Current Principal Place of Business:

P.O. BOX 1658
NEW SMYRNA BCH, FL 32172

New Principal Place of Business:

801 MAPLE ST.
NEW SMYRNA BCH, FL 32169

Current Mailing Address:

P.O. BOX 1658
NEW SMYRNA BCH, FL 32172

New Mailing Address:

FEI Number: 20-4214895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHICK, DAVID L ESQ.
301 EAST PINE STREET, STE. 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHMIDT, GAIL
Address: 801 MAPLE ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GAIL R. SCHMIDT MGR 03/27/2009

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