2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90482 025 ****50.00

DOCUMENT # L06000042827

1. Entity Name

BOYCE ENTERPRISES LTD CO.

L06000042827

1st MOORE CR2E083 (10/06)

Principal Place of Business	Mailing Address
1255 GULF STREAM AVE UNIT 205 SARASOTA FL 34236	1255 GULF STREAM AVE UNIT 205 SARASOTA FL 34236

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1255 Gulf Stream	Same
Suite, Apt. #, etc.: #205	Suite, Apt. #, etc.:
City & State: Sarasota FLA	City & State:
Zip: 34236 Country: Sarasota	Zip: 34236 Country: USA

4. FEI Number: 41-2204941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYCE, DAVID A 1255 GULF STREAM AVE UNIT 205 SARASOTA FL 34236	Name: DAVID A BOYCE Street Address (P.O. Box Number is Not Acceptable): 1255 Gulf Stream Ave #205 City: Sarasota FL Zip Code: 34236

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 _____ 1-30-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAVID A BOYCE PO BOX 48952 SARASOTA FL 34230	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	—	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	—	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	—	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	—	☐ Delete	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 Section 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: _____ 1-30-07 941 914 1932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #