

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90065 001 \*\*\*138.75

DOCUMENT # L06000085261

1. Entity Name  
BOYD-LEM PROPERTIES, LLC



1720 SE 16th Ave, # 200

Principal Place of Business

1700 SE 17TH STREET, SUITE 300  
OCALA, FL 34471

Mailing Address

1720 SE 16th Avenue, # 200  
1700 SE 17TH STREET, SUITE 300  
OCALA, FL 34471

60018809



02082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5464658

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BOYD, ROY T III  
1720 SE 16TH AVE  
BLDG 200  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

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:

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BOYD, ROY T III  
1720 SE 16TH AVE BLDG 200  
OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

(Signature typed or printed name of signing managing member, or authorized representative)

Roy T III Boyd

Date

Daytime Phone #

2-18-08 352-861-2248