

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-13-2007 90040 007 ****50.00

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DOCUMENT # L06000117874					
1. Entity Name BOOMERANG BEACH, LLC					
Principal Place of Business 1115 EAST LIVINGSTON STREET ORLANDO, FL 32803			Mailing Address 1115 EAST LIVINGSTON STREET ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 83-0470773	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEARY, WILLIAM N 1115 E. LIVINGSTON STREET ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name: <u>Robert F. Vason Jr. PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>501 East Fifth Avenue</u> City: <u>Mount Dora</u> FL Zip Code: <u>32756</u>			
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: <u>[Signature]</u> Pres. DATE: <u>4-11-07</u> <small>Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete WILLIAM N LEARY REVOCABLE TRUST, 3/14/2003 1115 E LIVINGSTON ST ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete TAMRA P LEARY REVOCABLE TRUST, 3/14/2003 1115 E LIVINGSTON ST ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>[Signature]</u> WILLIAM N LEARY <u>2/5/07</u> <u>(407) 841-1115</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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03052007 Chg-LLC CR2E083 (12/06)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

SIGNATURE:

WILLIAM N LEARY

2/5/07

(407) 841-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #