

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90181 046 ***138.75

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**

60022155



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
83-0470773

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

~~EVASON~~ ROBERT JR. PA
501 ~~WEST~~ FIFTH AVENUE
MOUNT DORA, FL 32756

*Vason
East*

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

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

(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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILLIAM N LEARY REVOCABLE TRUST, 3/14/2003
1115 E LIVINGSTON ST
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2180 Park Ave N., Ste 302
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TAMRA P LEARY REVOCABLE TRUST, 3/14/2003
1115 E LIVINGSTON ST
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2180 Park Ave. N. Ste 302
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

mgmr

Date

Daytime Phone #

4/7/08

407-622-2180