

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118310

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** BOEHNLEIN FAMILY FLORIDA INVESTMENT, LLC

**Current Principal Place of Business:**

21809 PALM AVENUE  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

1911 BADSTOWN ROAD  
LOUISVILLE, KY 40205

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOEHNLEIN, SCOTT  
21809 PALM AVENUE  
PANAMA CITY BEACH, FL 32413      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: MGRM  
Name: BOEHNLEIN, SCOTT  
Address: 1911 BARDSTOWN ROAD  
City-St-Zip: LOUISVILLE, KY 40205

Title: MGRM  
Name: BOEHNLEIN, DIANE  
Address: 1911 BARDSTOWN ROAD  
City-St-Zip: LOUISVILLE, KY 40205

Title: MGRM  
Name: BOEHNLEIN, GEORGE B  
Address: 1911 BARDSTOWN ROAD  
City-St-Zip: LOUISVILLE, KY 40205

Title: MGRM  
Name: BOEHNLEIN, MARYBETH  
Address: 1911 BARDSTOWN ROAD  
City-St-Zip: LOUISVILLE, KY 40205

Title: MGRM  
Name: BOEHNLEIN, GEORGE G  
Address: 1911 BARDSTOWN RD  
City-St-Zip: LOUISVILLE, KY 40205

I hereby 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: SCOTT BOEHNLEIN

MGRM

01/19/2012

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