


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-24-2007 90113 045 ****50.00

DOCUMENT # L06000119832 1. Entity Name BOXERS RULE, LLC																																			
Principal Place of Business 100 IDAC LANE ST. SIMONS ISLAND, GA 31522		Mailing Address 100 IDAC LANE ST. SIMONS ISLAND, GA 31522																																	
2. Principal Place of Business - No P.O. Box # 757 SE 17th Street Suite, Apt. #, etc. #826		3. Mailing Address Suite, Apt. #, etc. City & State FL																																	
City & State FL		City & State FL																																	
Zip 33316		Country USA																																	
4. FEI Number 20-8062419		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent BOSTIC, ROBERT S 575 S.E. 18TH STREET, #826 FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 757 SE 17th Street #826 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 <u><i>[Signature]</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MANAGING MEMBER ROBERT BOSTIC 757 SE 17th St #826 FT Lauderdale FL 33316 </td> </tr> <tr><td colspan="2"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ROBERT BOSTIC 757 SE 17th St #826 FT Lauderdale FL 33316	<input type="checkbox"/> Delete														10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		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><i>[Signature]</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																			

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