

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121556

FILED
Apr 30, 2008
Secretary of State

Entity Name: BOYKIN MANUFACTURING, L.L.C.

Current Principal Place of Business:

3445 S.W. 6TH STREET
OCALA, FL 34475

New Principal Place of Business:

3445 S.W. 6TH STREET
OCALA, FL 34471

Current Mailing Address:

3445 S.W. 6TH STREET
OCALA, FL 34475

New Mailing Address:

3445 S.W. 6TH STREET
OCALA, FL 34471

FEI Number: 59-3536353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYKIN, JAMES O
3445 S.W. 6TH STREET
OCALA, FL 34475 US

Name and Address of New Registered Agent:

BOYKIN, JAMES O
3445 S.W. 6TH STREET
OCALA, FL 34471 US

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: _____

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOYKIN, LYNNE
Address: 2805 SW 18TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: BOYKIN, JAMES O
Address: 2805 SW 18TH AVE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOYKIN, LYNNE
Address: 2805 SW 18TH AVE
City-St-Zip: Ocala, FL 34471

Title: MGRM (X) Change () Addition
Name: BOYKIN, JAMES O
Address: 2805 SW 18TH AVE
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LYNNE BOYKIN

MGRM

04/30/2008

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