

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-14-2007 90026 035 *****50.00

DOCUMENT # L06000122205

1. Entity Name
BOUCHILLON INVESTMENT PARTNERS, LLC



Principal Place of Business
**4021 GULFSHORE BLVD. NORTH, UNIT 1501
NAPLES, FL 34103**

Mailing Address
**4021 GULFSHORE BLVD. NORTH, UNIT 1501
NAPLES, FL 34103**

40129163



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08012007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**BOUCHILLON, J. DAN
4021 GULFSHORE BLVD. NORTH, UNIT 1501
NAPLES, FL 34103**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
BOUCHILLON, J. DAN
4021 GULFSHORE BLVD. NORTH, UNIT 1501
NAPLES, FL 34103**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

8/11/07

Date

562-386-3105

Daytime Phone #