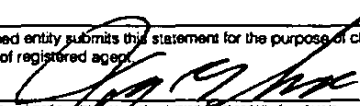
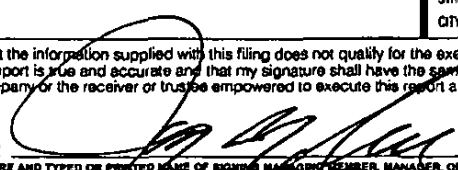


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90063 036 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                   |                                                                                                                        |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000017377</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 |                                                                   |                                       |                                                                   |
| 1. Entity Name<br><b>BOUTIQUE DEVELOPMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                 |                                                                   |                                                                                                                        |                                                                   |
| Principal Place of Business<br><b>4514 HUDSON LANE<br/>TAMPA, FL 33618 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                 | Mailing Address<br><b>4514 HUDSON LANE<br/>TAMPA, FL 33618 US</b> |                                                                                                                        |                                                                   |
| 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                                                           | 01072008 Chg-LLC CR2E083 (12/06)<br>4. FEI Number <b>326194155</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                   | 7. Name and Address of New Registered Agent                                                                            |                                                                   |
| <b>MOORE, JAY</b><br><b>4514 HUDSON LANE</b><br><b>TAMPA, FL 33618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                 |                                                                   | 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.<br>SIGNATURE  DATE <b>1/23/08</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> |                      |                                 |                                                                   |                                                                                                                        |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                 | Make check payable to<br><b>Florida Department of State</b>       |                                                                                                                        |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                 | 10. ADDITIONS/CHANGES                                             |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MGRM                 | <input type="checkbox"/> Delete | TITLE                                                             |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HOSKINS, JAMES G     |                                 | NAME                                                              |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11729 KENT GROVE DR. |                                 | STREET ADDRESS                                                    |                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SPRINGHILL, FL 24610 |                                 | CITY-ST-ZIP                                                       |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MGRM                 | <input type="checkbox"/> Delete | TITLE                                                             |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MOORE, JAY B         |                                 | NAME                                                              |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4514 HUDSON LANE     |                                 | STREET ADDRESS                                                    |                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TAMPA, FL 33618      |                                 | CITY-ST-ZIP                                                       |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                             |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                              |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                    |                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                       |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                             |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                              |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                    |                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                       |                                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                             |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                              |                                                                                                                        |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                    |                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                       |                                                                                                                        |                                                                   |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                 | 1/23/08<br>Date Daytime Phone #                                   |                                                                                                                        |                                                                   |