

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052748

FILED
Apr 30, 2009
Secretary of State

Entity Name: BOARD MEETINGS INTERNATIONAL, L.L.C.

Current Principal Place of Business:

3535 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

799 BLACKMOOR GATE LANE
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 2282
PONTE VEDRA BEACH, FL 32004

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:

SCRONE, BRIAN
3535 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SCRONE, BRIAN
799 BLACKMOOR GATE LANE
ST. AUGUSTINE, FL 32084 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRIAN, SCRONE
Address: 3535 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: SHEILS, JAMES N
Address: 3535 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRIAN, SCRONE
Address: P O BOX 2282
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGR (X) Change () Addition
Name: SHEILS, JAMES N
Address: P O BOX 2282
City-St-Zip: PONTE VEDRA BEACH, FL 32004

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: BRIAN SCRONE

MGR

04/30/2009

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