

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000074961

1. Entity Name
BOUTROS HOLDINGS, LLC



**FILED
Feb 07, 2008 8:00 am
Secretary of State**

02-07-2008 90088 017 ***138.75

60006510



01172008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 1216 BOWMAN STREET CLERMONT, FL 34711	Mailing Address 1216 BOWMAN STREET CLERMONT, FL 34711
2. Principal Place of Business - No P.O. Box # 1312 Bowman Street	3. Mailing Address 1312 Bowman Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Clermont, FL	City & State Clermont, FL
Zip 34711	Country U.S.A
Zip 34711	Country U.S.A

4. FEI Number 26-0621752	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR, ESQ 1000-LEGION PLACE SUITE 1700 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 renaming) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTROS, FOUAD 1216 BOWMAN STREET CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTROS, FOUAD 1312 Bowman Street Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTROS, DIANE 1312 Bowman Street Clermont, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 *Fouad Boutros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 4-08 352394 1032
Date Daytime Phone ..