2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

DOCUMENT # L07000109712 1. Enlity Name BOSTON PROJECT MANAGEMENT, LLC						03-20-2008 90	0183 042 ***:	138.75
Principal Place of Business 5307 FLORENTINE CT SPRING HILL, FL 34608 US		Mailing Address 5307 FLORENTINE CT SPRING HILL, FL 34608 US				. <i>11911 BELLE</i> 12011 12222 111	1/8 118981 M 1881	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092008	Chg-LLC	CR2E083 (12/	06)	
City & State		City & State		4. FEI Number 26-1.	322051		Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate o	f Status Desired	☐ \$5.00 Fee Rec	Additional julred
	6. Name and Address of Current	Registered Agent			-7. Name and A	Address of New Re	gistered Agent	
р∩ет∩и	DODEDT			Name				
BOSTON, ROBERT 5307 FLORENTINE CT SPRING HILL, FL 34608				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip	Code
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flor	ida. I am familiar v	vith, and accept
ine obligat	ions of registered agent.							
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE	
SIGNATURE.	<u> </u>		E: Registere	d Agent signature required	d when reinstating)	Make Florida	DATE check payable Department of \$	to
SIGNATURE.	Signature, typed or printed name of registered agent	5	E: Registere	d Agent signature required	d when reinstating)	Make Florida	check payable Department of S	to state
SIGNATURE FILE After May	Signature, typed or printed name of registered agent NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBE MGRM	5			d when reinstating)	Florida ADDITIONS/O	check payable Department of S	itate
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

3-16-08

352:6864656.