

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017489

FILED  
May 01, 2009  
Secretary of State

Entity Name: BOOMDAWG VENTURES, LLC

**Current Principal Place of Business:**

105 BEACH DRIVE  
SUITE A 5  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1419  
FORT WALTON BEACH, FL 32549 US

**New Mailing Address:**

FEI Number: 26-2117218      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JAYANTA, GHOSH  
105 BEACH DRIVE  
STE. A 5  
FORT WALTON BEACH, FL 32547 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: GHOSH, JAYANTA  
Address: 105 BEACH DRIVE, STE. A 5  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: GHOSH, JERI M  
Address: 109 LISA MARIE PLACE  
City-St-Zip: SHALIMAR, FL 32579 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAYANTA GHOSH

MGR

05/01/2009

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