

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021582

Entity Name: BOYCE DEVELOPMENT LLC

FILED  
Aug 24, 2009  
Secretary of State

## Current Principal Place of Business:

3410 A1A SOUTH  
ST. AUGUSTINE, FL 32080

## New Principal Place of Business:

## Current Mailing Address:

3410 A1A SOUTH  
ST. AUGUSTINE, FL 32080

## New Mailing Address:

FEI Number: 22-3977015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

BOYCE, JAMES N  
3410 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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: JAMES N BOYCE

08/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BOYCE, JAMES  
Address: 3410 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: BOYCE, JAMES  
Address: 3410 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BOYCE, JAMES N  
Address: 3410 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S (X) Change ( ) Addition  
Name: BOYCE, JAMES N  
Address: 3410 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: JAMES N BOYCE

MGR

08/24/2009

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