

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049403

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** BOONE GAINESVILLE, L.L.C.

**Current Principal Place of Business:**

500 E. UNIVERSITY AVENUE  
SUITE A  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE DRAWER 2759  
GAINESVILLE, FL 32602

**New Mailing Address:**

**FEI Number:** 27-0463627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOODY, C. GARY  
500 E UNIVERSITY AVENUE  
SUITE A  
GAINESVILLE, FL 32601 US

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

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:**

**Title:** MGRM  
**Name:** BUSSARD, CARL K JR  
**Address:** 7815 NW 20TH LANE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** MGRM  
**Name:** MOODY, C. GARY  
**Address:** 500 E. UNIVERSITY AVENUE, SUITE A  
**City-St-Zip:** GAINESVILLE, FL 32601

**Title:** MGRM  
**Name:** MOODY, SUZANNE H  
**Address:** 500 E. UNIVERSITY AVENUE, SUITE A  
**City-St-Zip:** GAINESVILLE, FL 32601

I hereby 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:** C. GARY MOODY

MGRM

02/26/2010

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