


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 14, 2008 08:00 A
Secretary of State
Filed 4-10-08

DOCUMENT # L95000000394
1. Entity Name
BOLLETTIERI 2000, L.C.



Principal Place of Business Mailing Address
6275 N OCEAN BLVD **6275 N OCEAN BLVD**
OCEAN RIDGE FL 33435 **OCEAN RIDGE FL 33435**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0596340 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
GALVANO, WILLIAM S ESQUIRE
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when generating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BOLLETTIERI, NICHOLAS J	POB 11342	BRADENTON FL 34282	<input type="checkbox"/>
MGRM	HILL, GREGG H SR.	6275 N OCEAN BLVD	OCEAN RIDGE FL 33435	<input type="checkbox"/>
MGRM	KENNEDY, TERENCE	5046 47TH STREET WEST	BRADENTON FL 34210	<input type="checkbox"/>
MGRM	BRUDERER MACHINERY, INC.	1200 HENDRICKS CAUSEWAY	RICHFIELD NJ 07657	<input type="checkbox"/>
MGRM	MCCARTHY INVESTMENTS OF MANATEE, INC.	4701 MANATEE AVENUE WEST	BRADENTON FL 34209	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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04/25/08-80079-014 143.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Neil R. Greys H. L.* Date: *4-10-08* Daytime Phone #: *561-734-4044*