## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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|------------|---|---------------|
| EU INO ECC |   | al Depart 610 |

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

\$ 203.75

Name and Mailing Address of Limited Liability Company

DOCUMENT #L9600000750

THE BOILCHON LIMITED COMPANY

1a. Principal Place of Business Address

97 APR 25 PH 4: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 201 SOUTH BISCAYNE BLVD. SUITE 2400 MIAMI FL 33131  High above mailing address is incorrect in any way, tine through incorrect information and enter correction |  |                            |                     |               | orrection in Block 2s | 201 SOUTH BISCAYNE BLVD.<br>SUITE 2400<br>NIAMI FL 33131 |  |  |  |
|---|--|----------------------------|---------------------|---------------|-----------------------|--|--|--|--|
|   |  | Mailing Addr               |                     |               |                       | ized or Qualified  | 3a. State of Formation                                     |  |  |
| SA  | mE   |                            |                     |               |                       | 17/16/11   | 006  | ***  |  |
| Suite, Apt  | . #, elc.  | Suit                       | в, Apt. #, etc      |               |                       |  |  | FL I   |  |
|   |  |                            |                     |               |                       |  | Applied For  |  |  |
| City & State City   |  | & State                    | State               |               | 65.06                 | 79975  | Not Applicable   |  |  |
|   |  |                            |                     |               | 5. Date of Las        |  | 6. Certificate of Status Desired                           |  |  |
| Zip   | Country  | Zip                        |                     | Cou           | ntry                  |  | ·  | SB 75 Additional Lec Dequired  |  |
|   | 7. Name and Add  | reas of Current Regist     | ered Agent          | <del></del>   | 1                     | 8. Name and A  | ddress of New F  | Registered Agent   |  |
|   |  |                            |                     |               | Name                  |  |  |  |  |
|   | , JOHN G   |                            |                     |               | !                     |  |  |  |  |
| 201 SOUTH BISCAYNE BLVD.  |  |                            |                     | Street Addres | ss (P.O. Box Numbe    | r is Not Accept  | nble)  |  |  |
| SUITE 2400  |  |                            |                     |               |                       |  |  |  |  |
| MIAMI FL 33131  |  |                            | Suite, Apt. #, etc. |               | etc.                  |  |  |  |  |
|   |  |                            |                     | City          | City Zip Code         |  |  |  |  |
| tits registe  | red office or registered ag<br>ered agent, and accept th | ent, or both, in the State | of Florida. Su      | ch change was |                       | imative vote of a maj                                    | ority of the member 2002 2002 2004 2004 2004 2004 2004 200 | tement for the purpose of changing ers. Thereby accept the appointment 2.1.58705—2.9/97—01087—020. |  |
|   |  |                            | ness Street Address |               |                       | by, State and Zip Code                                   |  |  |  |
|   |  |                            |                     |               |                       |  |  |  |  |
| MGRM  | ROSCOMMON G  | ROUP CORP,                 | 201                 | SOUTH         | BISCAYNI              | E BLVD.,   | NIAMI E  | °L   |  |
| MGRM  | BAENZIGER,   | MAKKI                      | 3011                | (A14)         | OTAMAY                | ROAD   | BOCA RA  | ATON FL  |  |
| MGRM  | BAENZIGER,   | JEAN-PAUL                  | 3011                | (A14)         | YAMATO                | ROAD   | BOCA RA  | ATON FL  |  |
|   |  |                            |                     |               |                       |  |  |  |  |
|   |  |                            |                     |               |                       |  | 0.4  | 91an<br>125/99   |  |

11. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

MARGARET R MCLOUGHLIM

1305

| <b>SIGNATURE</b> |  |
|------------------|--|
|------------------|--|