2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000022809

1. Entity Name
BO-RED, L.L.C.

Principal Place of Business	Mailing Address
NINE THIRD STREET NORTH, STE. 209	NINE THIRD STREET NORTH, STE. 209
ST. PETERSBURG, FL 33701	ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
22-3893598	Not Applicable

5. Certificate of Status Desired ☒   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOBELIS, ALGIROAS M
9-THIRD ST. NORTH, SUITE 209
SAINT PETERSBURG, FL 33701

DO NOT WRITE
IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BOBELIS, ALGIRDAS M
STREET ADDRESS	NINE THIRD STREET NORTH, STE. 209
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000174388
01/10/05-80008-017 55.00

DO NOT WRITE
IN THIS SPACE

11. I 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 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: _Algirdas M. Bobelis_ – ALGIRDAS M. BOBELIS   1/4/05   727-822-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   / Date /   Daytime Phone #