

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022809**

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



Principal Place of Business

**NINE THIRD STREET NORTH, STE. 209  
ST. PETERSBURG, FL 33701**

Mailing Address

**NINE THIRD STREET NORTH, STE. 209  
ST. PETERSBURG, FL 33701**



01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3893598**

Applied For  
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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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01/09/07-80043-006 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Algirdas M. Bobelis* **ALGIRDAS M. BOBELIS** 1/5/07 727-822-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #