



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/6/2006-90211-001-STD 00 \$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:39

DOCUMENT # L05000081733					
1. Entity Name BOGART PARKERBUILT DEVELOPMENT LLC					
Principal Place of Business 820 W. SUPERIOR AVE. 140 CLEVELAND, OH 44113 US			Mailing Address 820 W. SUPERIOR AVE. 140 CLEVELAND, OH 44113 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOGART, ILEEN A 20020 SAWGRASS LANE 4901 BOCA RATON, FL 33434			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by September 8, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGART PROPERTIES LLC		NAME		
STREET ADDRESS	820 W. SUPERIOR AVE.		STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND, OH 44113		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: 5/21/06		Daytime Phone #: 216 696 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					