


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L00000006554 1 Entity Name J E R D BOVINO INVESTMENTS, LTD CO	
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Principal Place of Business 2201 SOUTH OCEAN BOULEVARD, APT #2803 HOLLYWOOD, FL 33019	Mailing Address 2201 SOUTH OCEAN BOULEVARD, APT #2803 HOLLYWOOD, FL 33019
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03212007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4 FEI Number 65-1022519	Applied For Not Applicable
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5 Certificate of Status Desired <input type="checkbox"/>	\$5 00 Additional Fees Required
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6 Name and Address of Current Registered Agent

BOVINO, JERALD A
2201 SOUTH OCEAN BOULEVARD, APT #2803
HOLLYWOOD, FL 33019

**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 re-registering) DATE

**Filing Fee is \$50 00
Due by May 1, 2007**

9 MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BOVINO, JERALD 2201 S OCEAN BLVD , #2803 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BOVINO, ESTER 2201 S OCEAN BLVD , #2803 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BOVINO, DAVID 2201 S OCEAN BLVD , #2803 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BOVINO, RACHEL P O BOX 4295 ASPEN, CO 81612
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U000000698406
04/13/07-80002-001 50.00

**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:

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

3-30-07

Date

970-925-9095

Daytime Phone #