

# ANNUAL REPORT

DOCUMENT # L01000011153

1. Entity Name  
B. O. G. MANAGEMENT COMPANY, LLC



**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90234 035 \*\*\*\*50.00

Principal Place of Business  
1034 HUNTERS PLACE  
OLDSMAR, FL 34677 US

Mailing Address  
1034 HUNTERS PLACE  
OLDSMAR, FL 34677 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

07122004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
59-3729912

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

STEELE, BOB  
1034 HUNTERS PLACE  
OLDSMAR, FL 34677

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reattesting)

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM			
	STEELE, BOB	1034 HUNTERS PLACE	OLDSMAR, FL 34677	

## 10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

*[Signature]*

BY SIGNING AND FILING THIS REPORT, THE SIGNER CERTIFIES THAT THE INFORMATION IS TRUE AND ACCURATE AND THAT THE SIGNER IS 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.

Date

Florida Statute 608