

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014503

Entity Name: BOGART COMPANIES, LLC

FILED  
Jul 24, 2006  
Secretary of State

**Current Principal Place of Business:**

23240 CHAGRIN BLVD., STE. 450  
BEACHWOOD, OH 44122

**New Principal Place of Business:**

8224 DESMOND DR  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

23240 CHAGRIN BLVD., STE. 450  
BEACHWOOD, OH 44122

**New Mailing Address:**

8224 DESMOND DR  
BOYNTON BEACH, FL 33437

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SOLOMON, MICHAEL  
8224 DESMOND DR  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

BOGART, MICHAEL M  
8224 DESMOND DR  
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: MICHAEL M. BOGART

07/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  Delete  
Name: BOGART, MICHAEL M  
Address: 23240 CHAGRIN BLVD., STE. 450  
City-St-Zip: BEACHWOOD, OH 44122

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: BOGART, MICHAEL M  
Address: 8224 DESMOND DR  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL M. BOGART

MGR

07/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date