
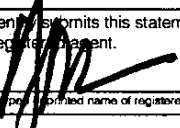
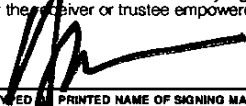


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90647 025 ****50.00

DOCUMENT # L02000018010 1. Entity Name BOGAN PROPERTIES, LLC																													
Principal Place of Business 1001 EAST BELMONT STREET PENSACOLA, FL 32501			Mailing Address 1001 EAST BELMONT STREET PENSACOLA, FL 32501																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 54-2082102																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent BOGAN, M.P. JR. 1001 EAST BELMONT STREET PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Abigail Bogan Ackerman Street Address (P.O. Box Number is Not Acceptable) 1001 E. Belmont Street City Pensacola FL 32501																									
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 		Abigail Bogan Ackerman Mg. Mbr <small>Signature, typed or printed name of registered agent and title if applicable (NONE Registered Agent signature required when reinstating)</small>		5/25/05 <small>DATE</small>																									
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOGAN, M.P. JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1001 E. BELMONT STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PENSACOLA, FL 32501</td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Delete	NAME	BOGAN, M.P. JR		STREET ADDRESS	1001 E. BELMONT STREET		CITY - ST - ZIP	PENSACOLA, FL 32501		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Abigail Bogan Ackerman</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1001 E. Belmont Street</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Pensacola, FL 32501</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Abigail Bogan Ackerman		STREET ADDRESS	1001 E. Belmont Street		CITY - ST - ZIP	Pensacola, FL 32501	
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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: 		5/25/05 <small>Date</small>		850-433-6573 <small>Daytime Phone #</small>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													