

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**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**



01092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2082102**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOGAN ACKERMAN, ABIGAIL  
1001 E. BELMONT STREET  
PENSACOLA, FL 32501**

**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 resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|                 |                         |
|-----------------|-------------------------|
| TITLE           | MGRM                    |
| NAME            | BOGAN ACKERMAN, ABIGAIL |
| STREET ADDRESS  | 1001 E. BELMONT STREET  |
| CITY - ST - ZIP | PENSACOLA, FL 32501     |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

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01/18/06-80002-015 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

**1/9/2006**

Date

**850-472-0744**

Daytime Phone #