


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90209 050 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 54-2082102				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOGAN ACKERMAN, ABIGAIL 1001 E. BELMONT STREET PENSACOLA, FL 32501			Name <u>Abigail Bogan Ackerman</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>1001 E. Belmont Street</u>		
			City <u>Pensacola</u>		FL Zip Code <u>32501</u>
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 <u>[Signature]</u>				DATE <u>1-5-07</u>	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOGAN ACKERMAN, ABIGAIL 1001 E. BELMONT STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Abigail Bogan Ackerman 1001 E. Belmont Street Pensacola, FL 32501
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u>				Date <u>1-5-07</u> Daytime Phone # <u>(850) 472-0750</u>	