


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90169 019 ****50.00

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| DOCUMENT # L02000022466 |  |
| 1. Entity Name BOKEELIA ENTERPRISES, LLC | |

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| Principal Place of Business 7321 HOWARD ROAD BOKEELIA, FL 33922 | Mailing Address 7321 HOWARD ROAD BOKEELIA, FL 33922 |
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60028182

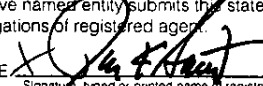


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|---|---------|---------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01092007 Chg-LLC CR2E083 (12/06)

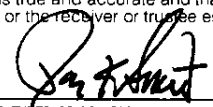
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| 6. Name and Address of Current Registered Agent | |
| HAESEMEYER, ELIZABETH A 7321 HOWARD ROAD BOKEELIA, FL 33922 | |

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| 7. Name and Address of New Registered Agent | |
| Name Donald K. Smith | |
| Street Address (P.O. Box Number is Not Acceptable) 7321 Howard Road | |
| City Bokeelia | FL 33922 |

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| 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  | Donald K. Smith Mgr | 1/9/07 |
| <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HAESEMEYER, ELIZABETH A 7321 HOWARD ROAD BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SMITH, DONALD K 7321 HOWARD ROAD BOKEELIA, FL 33922 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HAZEN, RADFORD B 7321 HOWARD ROAD BOKEELIA, FL 33922 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DUNBAR, DAVID R 7321 HOWARD ROAD BOKEELIA, FL 33922 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | 1/9/07 239-283-9282 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |