

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000030210

1. Entity Name
BOHEKA, LLC



Principal Place of Business
**5747 38TH AVE. N.
ST. PETERSBURG, FL 33710**

Mailing Address
**5747 38TH AVE. N.
ST. PETERSBURG, FL 33710**



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0752787	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

**BORGES, FERNANDO D
5747 38TH AVE N
ST. PETERSBURG, FL 33710**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000946619
05/30/08-80056-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BORGES, FERNANDO D
STREET ADDRESS	5747 38TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

TITLE	MGR
NAME	HERON, SEAN
STREET ADDRESS	5747 38TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

TITLE	MGR
NAME	KAPADIA, KETAN
STREET ADDRESS	5747 38TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

TITLE	MGR
NAME	ZHOU, SHAW W
STREET ADDRESS	5747 38TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Elliott McRoss, Agent

Date

Daytime Phone #

4-16-08

727 -
725-2800