

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030949

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: BOLLOCKS, L.L.C.

**Current Principal Place of Business:**

C/O ROBERT A. SMITH  
2 SEAHORSE LANE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT A. SMITH  
P.O. BOX 637  
VERO BEACH, FL 329610637

**New Mailing Address:**

FEI Number: 32-0044609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, ROBERT A  
2 SEAHORSE LANE  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, ROBERT A  
Address: PO BOX 637  
City-St-Zip: VERO BEACH, FL 329610637

Title: MGRM ( ) Delete  
Name: SMITH, PATRICIA C  
Address: POBOX 637  
City-St-Zip: VERO BEACH, FL 329610637

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A.SMITH

MGRM

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date