
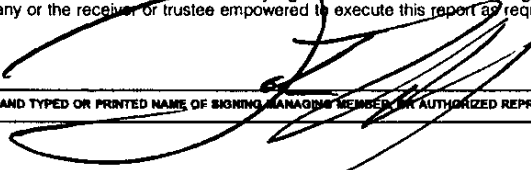


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000032988		
1. Entity Name BOFUS, LLC		
Principal Place of Business 1037 FIFTH AVE. N. NAPLES, FL 34102 US		Mailing Address 1037 FIFTH AVE. N. NAPLES, FL 34102 US
DO NOT WRITE IN THIS SPACE		
		 01172007No Chg-LLC CR2E083 (11/05)
		4. FEI Number 65-1164459 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
GRABINSKI, MATTHEW L ESQ % GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMiami TR. N. #300 NAPLES, FL 34103		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULLIFORD, JOHN T 2120 SHAD COURT NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUILLIFORD, KRISTINA KUKK 2120 SHAD COURT NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4/15/07 Date Daytime Phone #