2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
04-15-2008 90116 038 ****69.38
05-19-2008 90187 018 ****69.37

DOCUMENT # L02000032988

1. Entity Name
BOFUS, LLC

Principal Place of Business	Mailing Address
1037 FIFTH AVE. N. NAPLES, FL 34102 US	1037 FIFTH AVE. N. NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE

02262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-1164459
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	GULLIFORD, JOHN T
STREET ADDRESS	2120 SHAD COURT
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	GUILLIFORD, KRISTINA KUKK
STREET ADDRESS	2120 SHAD COURT
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John T. Gulliford 4/1/08 863-4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #