2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# L03000049461

Entity Name: BOCON PARTNERS LLC

Current Principal Place of Business:

220 JOHN KNOX RD
STE. 4
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 13295
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONLIN, JOHN L
220 JOHN KNOX RD
STE. 4
TALLAHASSEE, FL 32303 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/MEMBERS:

Title: MGR ( ) Delete
Name: CONLIN, JOHN L
Address: PO BOX 13295
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR ( ) Delete
Name: BOND, B.J.
Address: PO BOX 13295
City-St-Zip: TALLAHASSEE, FL 32317

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN L. CONLIN MGR 01/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date