

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005850

FILED
Aug 25, 2005
Secretary of State

Entity Name: BOZEMAN ENTERPRISES, LLC

Current Principal Place of Business:

2776 SE ST. LUCIE BLVD.
STUART, FL 34997 US

New Principal Place of Business:

4100 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 US

Current Mailing Address:

2776 SE ST. LUCIE BLVD.
STUART, FL 34997 US

New Mailing Address:

4100 NE INDIAN RIVER DRIVE APT. A
JENSEN BEACH, FL 34957 US

FEI Number: 20-0629382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOZEMAN, CURTIS W
2776 SE ST. LUCIE BLVD.
STUART, FL 34997 US

Name and Address of New Registered Agent:

BOZEMAN, CURTIS W
4100 NE INDIAN RIVER DRIVE APT. A
JENSEN BEACH, FL 34957 US

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:

08/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOZEMAN, CURTIS W
Address: 2776 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOZEMAN, CURTIS W
Address: 4100 NE INDIAN RIVER DRIVE APT. A
City-St-Zip: JENSEN BEACH, FL 34957 US

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: CURTIS W. BOZEMAN

MGRM

08/25/2005

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