


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90150 040 ***138.75

DOCUMENT # L04000021256	
1. Entity Name CHARLIE BISHOP LLC	

Principal Place of Business 805 OAK PARK RD. SOPCHOPPY FL 32358	Mailing Address 805 OAK PARK RD. SOPCHOPPY FL 32358
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2. Principal Place of Business - No P.O. Box # 8876 Woodville Hy Suite, Apt. #, etc.	3. Mailing Address PO Box 891 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State Tallahassee Woodville FL 32358	City & State Woodville FL	4. FEI Number 75-3149365	Applied For <input type="checkbox"/> Not Applicable
Zip 32305	Country Leon	Zip 32362	Country Leon

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BISHOP, CHARLIE 805 OAK PARK RD. SOPCHOPPY FL 32358	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Charlie Bishop DATE 4-6-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISHOP, CHARLIE 805 OAK PARK RD. SOPCHOPPY FL 32358 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8876 woodville Hy Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charlie Bishop DATE 4-6-08 850-5705151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Corporate Phone #