2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048459

2118 ROWENA AVENUE

ORLANDO, FL 32803 US

Address:

City-St-Zip:

Entity Name: BOGGY CREEK COMMERCIAL DEVELOPMENT, LLC

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 950 S WINTER PARK DRIVE SUITE 350 CASSELBERRY, FL 32707 **New Mailing Address: Current Mailing Address:** 950 S WINTER PARK DRIVE SUITE 350 CASSELBERRY, FL 32707 US FEI Number: 20-1513608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: HAGEN, DEBORAH D 950 S WINTER PARK DRIVE SUITE 350 CASSELBERRY, FL 32707 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete NICHOLSON USA PROPER, TIES INC Name: Name: 870 SUNSHINE LANE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAGEN, TERRY D Name: Name: Address: 950 S. WINTER PARK DRIVE, SUITE 350 Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAGEN, DEBORAH D Name: Name: 950 S. WINTER PARK DRIVE, SUITE 350 Address: Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: BERCON CORP. Name: 7031 GRAND NATIONAL DR., STE. 106B Address: Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition D.R. SUTTON ENTERPRI, SES, INC. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: DEBORAH D. HAGEN MGRM 05/01/2007