

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052025

FILED
Apr 26, 2007
Secretary of State

Entity Name: BOPA DESIGN LLC

Current Principal Place of Business:

17105 SAN CARLOS BLVD.
SUITE A6-179
FT. MYERS, FL 33931

New Principal Place of Business:

Current Mailing Address:

17105 SAN CARLOS BLVD.
SUITE A6-179
FT. MYERS, FL 33931

New Mailing Address:

FEI Number: 11-3722973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGR () Delete
Name: BOYKIN, ROBERT W
Address: 17105 SAN CARLOS BLVD.
City-St-Zip: FT. MYERS, FL 33931

Title: MGR () Delete
Name: BOYKIN, PAULA J
Address: 17105 SAN CARLOS BLVD.
City-St-Zip: FT. MYERS, FL 33931

Title: MGR () Delete
Name: DUNCAN, THOMAS R JR.
Address: 16824 FLYING JIB ROAD
City-St-Zip: CORNELIUS, NC 28031

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DUNCAN, THOMAS R JR.
Address: 19042 NATALIE MICHELLE LANE
City-St-Zip: CORNELIUS, NC 28031

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.

SIGNATURE: ROBERT W. BOYKIN

MGR

04/26/2007

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