

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076212

Entity Name: JOANNBOJO LLC

FILED  
Apr 16, 2005  
Secretary of State

## Current Principal Place of Business:

C/O AARON A. FARMER, P.A.  
1415 PANTHER LANE, STE. 121  
NAPLES, FL 34109

## Current Mailing Address:

C/O AARON A. FARMER, P.A.  
1415 PANTHER LANE, STE. 121  
NAPLES, FL 34109

## New Principal Place of Business:

C/O FOWLER WHITE BOGGS BANKER P.A.  
5811 PELICAN BAY BOULEVARD, SUITE 600  
NAPLES, FL 34108

## New Mailing Address:

C/O FOWLER WHITE BOGGS BANKER P.A.  
5811 PELICAN BAY BOULEVARD, SUITE 600  
NAPLES, FL 34108

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

## Name and Address of Current Registered Agent:

US REGISTERED AGENT, INC.  
1415 PANTHER LANE, STE. 121  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.  
5811 PELICAN BAY BOULEVARD  
SUITE 600  
NAPLES, FL 34108 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: AARON A. FARMER

04/16/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: FOWLER WHITE BOGGS B, ANKER P.A.  
Address: 5811 PELICAN BAY BOULEVARD, SUITE 600  
City-St-Zip: NAPLES, FL 34108

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: AARON A. FARMER

MGR

04/16/2005

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