


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 025 *****50.00

DOCUMENT # L04000094174 1. Entity Name BO-JO ENTERPRISES, LLC					
Principal Place of Business 1424 SW 26TH AVE. POMPANO BEACH, FL 33069			Mailing Address C/O BERNARD OUZIEL, ESQ. 2600 SO. OCEAN BLVD. BOCA RATON, FL 33432		
2. Principal Place of Business 1424 So Powerline Rd Suite, Apt. #, etc.		3. Mailing Address 40 Bernard Ouziel Suite, Apt. #, etc. 2600 So Ocean Blvd			
City & State Pompano Beach, FL		City & State Boca Raton, FL		4. FEI Number 202161664	
Zip 33069	Country US	Zip 33432	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OUZIEL, BERNARD ESQ 2600 SO OCEAN BLVD. BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOJON ENTERPRISES, LLC 2600 SO OCEAN BLVD. BOCA RATON, FL 33432 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Bernard Ouziel</i> Bernard Ouziel				8/3/05 5614174777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	