

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002635

Entity Name: BOHICA GROUP, L.L.C.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

23355 JANICE AVE UNIT 1
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

23355 JANICE AVE UNIT 1
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 20-2141175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVERENZ, PATRICIA J
23330 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

LEVERENZ, PATRICIA J
23355 JANICE AVE, UNIT 1
PORT CHARLOTTE, FL 33980 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:

04/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVERENZ, PATRICIA J
Address: 4025 SAN MASSIMO DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM () Delete
Name: FRANK, TRACY L
Address: 6404 SWISS BLVD
City-St-Zip: PUNTA GORDA, FL 33982

Title: MGRM () Delete
Name: LEE, RUSSELL L
Address: 1835 CITRON ST
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACY L. FRANK

MGRM

04/03/2006

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