FILED
Jun 05, 2007 8:00 am
Secretary of State
06-05-2007 90156 006 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000004192

1. Entity Name
BILBO ENTERPRISE, LLC

Principal Place of Business	Mailing Address
2449 VISTA DEL PRADO DRIVE WELLINGTON, FL 33414	PO BOX 70 WEST PALM BEACH, FL 33402

60051470

(L05000004192C)

05142007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		CASTILLO DE ALARCÓN, 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc. VILLAFRANCA DEL CASTILLO	
City & State		City & State MADRID	
Zip	Country	Zip 28692	Country SPAIN EUROPE

4. FEI Number 51-0539469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALDORF, PAMELA J 224 DATURA STREET 315 WEST PALM BEACH, FL 33401	Name JUAN MATUTE Street Address (P.O. Box Number is Not Acceptable) 2449 VISTA DEL PRADO DRIVE City WELLINGTON FL Zip Code 33414

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 [signature] JUAN MATUTE 5/1st/2007.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATUTE, JAUN 2449 VISTÁ DEL PRADO DRIVE WELLINTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] JUAN MATUTE 5/1st/2007 (011-34-679481548)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #