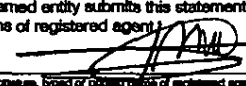


FILED
Jun 05, 2007 8:00 am
Secretary of State

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 2449 VISTA DEL PRADO DRIVE WELLINGTON, FL 33414		Mailing Address PO BOX 70 WEST PALM BEACH, FL 33402	
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	Country
28692	SPAIN	28692	EUROPE
4. FEI Number 51-0539469		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		60051470 (L05000004192C) 05142007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WALDORF, PAMELA J 224 DATURA STREET 315 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent 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  JUAN MATUTE		5/1 st /2007 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 VISTA DEL PRADO DRIVE WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE:  JUAN MATUTE		5/1 st /2007 (011-34-679481548) Date Daytime Phone #	