


FILED
May 02, 2008 08:00 AM
Secretary of State

**2008 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 CASTILLO DE ALARCON, 11 MADRID, 28692 SP
--	---

DO NOT WRITE IN THIS SPACE

(L05000004192C)

04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0539469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MATUTE, JUAN
 2449 VISTA DEL PRADO DR
 WELLINGTON, FL 33414

DO NOT WRITE
 IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	MATUTE, JAUN
STREET ADDRESS	2449 VISTA DEL PRADO DRIVE
CITY-ST-ZIP	WELLINTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
 IN THIS SPACE

L00000943811
 05/29/08-80074-015 138.75

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* **FOR JUAN MATUTE.** 4/30/07 (561) 964-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #