

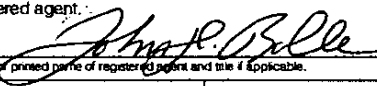



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90296 009 ****55.00

DOCUMENT # L05000028440 1. Entity Name JOHN BOLLE, LLC					
Principal Place of Business PO BOX 893 DUNEDIN, FL 34697			Mailing Address PO BOX 893 DUNEDIN, FL 34697		
2. Principal Place of Business 1497 MAIN STREET Suite, Apt. #, etc. # 328		3. Mailing Address 1497 MAIN STREET Suite, Apt. #, etc. # 328		20025442 	
City & State Dunedin, FLA Zip 34698		City & State DUNEDIN, FLA Zip 34698		4. FEI Number 03232006 Chg-LLC CR2E083 (11/05)	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLLE, JOHN D 2284 WINCHESTER DR DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name JOHN D. BOLLE Street Address (P.O. Box Number is Not Acceptable) 1497 MAIN STREET # 328 City Dunedin FL Zip Code 34698		
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  MGR JOHN D. BOLLE April 3, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete NAME JOHN D. BOLLE STREET ADDRESS 1497 MAIN STREET #328 CITY-ST-ZIP Dunedin, FLA 34698	TITLE MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOHN D. BOLLE STREET ADDRESS 1497 MAIN STREET CITY-ST-ZIP Dunedin, FLA 34698				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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:  JOHN D. BOLLE April 3, 2006 639-0716 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

727-