

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90143 045 ****50.00

DOCUMENT # L05000034159 1. Entity Name L & J'S BOGEY-BIRDIE CONDO LLC					
Principal Place of Business 10845 99TH PLACE N MAPLE GROVE, MN 55369			Mailing Address 10845 99TH PLACE N MAPLE GROVE, MN 55369		
2. Principal Place of Business 8670 Cedar Hammock Circle Suite, Apt. #, etc. # 241		3. Mailing Address 7722 Vasserman Pl Suite, Apt. #, etc.			
City & State Naples, FL		City & State Chanhassen, MN		4. FEI Number 01102006 Chg-LLC CR2E083 (11/05)	
Zip 34112	Country US	Zip 55317	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FUCHS, KEVIN 213 MAR STREET ST PETERSBURG, FL 33706			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHL, STEPHAN 10845 99TH PLACE N MAPLE GROVE, MN 55369 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7722 Vasserman Pl Chanhassen, MN 55317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHL, JANET 10845 99TH PLACE N MAPLE GROVE, MN 55369 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7722 Vasserman Pl Chanhassen, MN 55317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELTMANN, LEANN 14750 HIGHWAY 212 NORWOOD, FL 55368 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELTMANN, RANDY 14750 HIGHWAY 212 NORWOOD, MN 55368 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Stephan Kohl</u> Stephan Kohls <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/13/06 9524704507 <small>Date Daytime Phone #</small>		