

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90130 022 \*\*\*\*50.00

**DOCUMENT # L05000034159**

1. Entity Name  
**L & J'S BOGEY-BIRDIE CONDO LLC**



Principal Place of Business  
**8670 CEDAR HAMMOCK CIR  
# 241  
NAPLES, FL 34112**

Mailing Address  
**7722 VASSERMAN PL  
CHANHASSEN, MN 55317**

**60023979**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE**

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

**FUCHS, KEVIN  
213 MAR STREET  
ST PETERSBURG, FL 33706**

Name **Stephan Kohls**

Street Address (P.O. Box Number is Not Acceptable)

**3668 Buttonwood Way**

City **Naples**

**FL**

Zip Code **34112**

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

*Stephan Kohls*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/13/07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **KOHL, STEPHAN**  
STREET ADDRESS **7722 VASSERMAN PL**  
CITY-ST-ZIP **CHANHASSEN, MN 55317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **KOHL, JANET**  
STREET ADDRESS **7722 VASSERMAN PL**  
CITY-ST-ZIP **CHANHASSEN, MN 55317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **FELTMANN, LEANN**  
STREET ADDRESS **14750 HIGHWAY 212**  
CITY-ST-ZIP **NORWOOD, FL 55368**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **FELTMANN, RANDY**  
STREET ADDRESS **14750 HIGHWAY 212**  
CITY-ST-ZIP **NORWOOD, MN 55368**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Stephan Kohls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/13/07**

Date

**2393527231**

Daytime Phone #