

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058603

Entity Name: MO-BO ENTERPRISES, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

14131 SW 33RD COURT
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

14131 SW 33RD COURT
DAVIE, FL 33330

New Mailing Address:

FEI Number: 20-2997095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARD MORROW, MBA, CPA, P.A.
6148 RIVIERA LANE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAHAM, BONNIE
Address: 3700 SW 54TH STREET
City-St-Zip: DANIA, FL 33312

Title: MGR () Delete
Name: GRAHAM, MONIQUE
Address: 14131 SW 33RD COURT
City-St-Zip: DAVIE, FL 33330

Title: MGR () Delete
Name: MORROW, EDWARD
Address: 6148 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD MORROW

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date