

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062822

FILED  
Jan 22, 2006  
Secretary of State

Entity Name: MABOCA, LLC

**Current Principal Place of Business:**

7620 LAUREL VALLEY RD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

7620 LAUREL VALLEY RD  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUPPEL, MARGARET B  
7620 LAUREL VALLEY RD  
FORT MYERS, FL 33912      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:                      MGRM                      ( ) Delete  
Name:                      RUPPEL, MARGARET B  
Address:                      7620 LAUREL VALLEY RD  
City-St-Zip:                      FT MYERS, FL 33912

Title:                      MGRM                      ( ) Delete  
Name:                      RUPPEL, ROBERT  
Address:                      7620 LAUREL VALLEY RD  
City-St-Zip:                      FT MYERS, FL 33912

Title:                      MGRM                      ( ) Delete  
Name:                      BLOODWORTH, CAROLINE  
Address:                      440 60 AV SO.  
City-St-Zip:                      ST PETERSBURG, FL 33705

Title:                      MGRM                      ( ) Delete  
Name:                      BLOODWORTH, BURNETT S  
Address:                      1411 MARAVILLA AV  
City-St-Zip:                      FT MYERS, FL 33901

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET B. RUPPEL                      MGRM                      01/22/2006

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