2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# L05000072456

Entity Name: BOSCA, LLC

Current Principal Place of Business:

620 SHOREHAVEN DRIVE
KISSIMMEE, FL 34759   US

New Principal Place of Business:

Current Mailing Address:

620 SHOREHAVEN DRIVE
KISSIMMEE, FL 34759   US

New Mailing Address:

FEI Number: FEI Number Applied For (X)   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:

BYRD & GANTT, CPAS & ASSOCIATES, PA
3359 W VINE ST
104
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

A H GANTT CPA & ASSOCIATES, PA
3359 W VINE ST
104
KISSIMMEE, FL 34741 US

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: DEREK BREEN   07/11/2006

           Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR ( ) Delete	
Name:	KAVANAGH, MARY	
Address:	620 SHOREHAVEN DR	
City-St-Zip:	PONCIANA, FL 34759 US	

Title:	MGR ( ) Delete	
Name:	KAVANAGH, MICHAEL	
Address:	620 SHOREHAVEN DR	
City-St-Zip:	PONCIANA, FL 34759 US	

ADDITIONS/CHANGES:

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: MICHAEL KAVANAGH   MGR   07/11/2006

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