

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074747

Entity Name: BOGLE REALTY, LLC

FILED
Jan 20, 2008
Secretary of State

Current Principal Place of Business:

7975 KILKENNY WAY
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

7975 KILKENNY WAY
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-3273808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGLE, ROBERT
7975 KILKENNY WY
NAPLES, FL 34112 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: BOGLE, ROBERT L
Address: 7975 KILKENNY WAY
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: BOGLE, MICHAEL R
Address: 24 EAGLETON FARMS ROAD
City-St-Zip: NEWTOWN, PA 18940

Title: MGRM () Delete
Name: RODDEN, DANIEL
Address: 411 SPRUCE CIRCLE
City-St-Zip: EXTON, PA 19341

Title: MGRM () Delete
Name: SWANSON, CHRIS D
Address: 404 GRAND OAK LANE
City-St-Zip: EXTON, PA 19341

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 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: ROBERT BOGLE

MGRM

01/20/2008

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