2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074747

Entity Name: BOGLE REALTY, LLC

Name:

Address:

City-St-Zip:

404 GRAND OAK LANE

EXTON, PA 19341

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7975 KILKENNY WAY NAPLES, FL 34112 **Current Mailing Address: New Mailing Address:** 7975 KILKENNY WAY NAPLES, FL 34112 FEI Number: 20-3273808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOGLE, ROBERT 7975 KILKENNY WY NAPLES, FL 34112 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOGLE, ROBERT L Name: Name: Address: 7975 KILKENNY WAY Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BOGLE, MICHAEL R Name: Address: 24 EAGLETON FARMS ROAD Address: City-St-Zip: NEWTOWN, PA 18940 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RODDEN, DANIEL Name: Name: Address: 411 SPRUCE CIRCLE Address: City-St-Zip: EXTON, PA 19341 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SWANSON, CHRIS D

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT BOGLE **MGRM** 04/22/2009