

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088431

Entity Name: BOGEY, LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

2707 W. AZEELE ST., SUITE 101  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

2707 W. AZEELE ST., SUITE 101  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

MARLOWE & MCNABB, P.A.  
1560 W. CLEVELAND ST.  
TAMPA, FL 33606 US

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

BARNETT, BOLT, KIRKWOOD, LANG & MCBRIDE  
601 BAYSHORE BLVD.  
SUITE 700  
TAMPA, FL 33606 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: MICHAEL MILLER

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEREZ, RAMON  
Address: 2707 W. AZEELE ST., SUITE 101  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: PEREZ, MARILYN  
Address: 2707 W. AZEELE ST., SUITE 101  
City-St-Zip: TAMPA, FL 33609

**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 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: RAMON PEREZ

MGRM

04/30/2007

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