

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090683

FILED
Jul 24, 2006
Secretary of State

Entity Name: BO VI INVESTMENTS, LLC

Current Principal Place of Business:

5807 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

12953 NW 23 STREET
PEMBROKE PINES, FL 33208

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:

ANTHONY S. ADELSON, P.A.
2100 EAST HALLANDALE BEACH BLVD.
SUITE 400
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 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: DOMINGO ALONSO

07/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VILLA, RAFAEL O
Address: 12953 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: BORDAS, RAMON
Address: 12953 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: RAFAEL O VILLA

MGRM

07/24/2006

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