


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90346 049 ****55.00

DOCUMENT # L05000097417					
1. Entity Name BOB & MICHAEL'S LLC					
Principal Place of Business 130 GASPARILLA WAY PLACIDA, FL 33946 US			Mailing Address PO BOX 3001 PLACIDA, FL 33946 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 587			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Placida FL		4. FEI Number 20-3589807	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
33946		US		04292007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KOSINSKI, MICHAEL 130 GASPARILLA WAY PLACIDA, FL 33946			7. Name and Address of New Registered Agent Name <u>Robert Butcher</u> Street Address (P.O. Box Number is Not Acceptable) <u>130 Gasparilla Way</u> City <u>Placida</u> <u>FL</u> Zip Code <u>33946</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Robert Butcher</u> <u>Robert Butcher</u> <u>27 April 07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSINSKI, MICHAEL 130 GASPARILLA WAY PLACIDA, FL 33946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTCHER, ROBERT S 130 GASPARILLA WAY PLACIDA, FL 33946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.					
SIGNATURE: <u>Robert Butcher</u> <u>Robert Butcher</u> <u>27 April 07</u> <u>828 479 4456</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date DayTime Phone #</small>					