

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90206 001 ***971.25

DOCUMENT # L06000007084

1. Entity Name
 BOJABIJOLAJABRA, LLC



30000000

Principal Place of Business
 1651 #1 CAPE HOPE AVENUE NE
 ST. PETERSBURG, FL 33702

Mailing Address
 1651 #1 CAPE HOPE AVENUE NE
 ST. PETERSBURG, FL 33702



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

71-0996703

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHSON, BRIAN E ESQ.
 7190 SEMINOLE BLVD.
 SEMINOLE, FL 33772

Name Robert E. Gray, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1651 #1 Cape Hope Ave. NE

City St. Petersburg

FL

Zip Code
 33702

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

Robert Gray

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME GRAY, ROBERT E JR.
 STREET ADDRESS 118 BRIGHTON WAY
 CITY-ST-ZIP MERRICK, NY 11566

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME GRAY, WILLIAM PHILIP
 STREET ADDRESS 418 EAST CHESTER STREET
 CITY-ST-ZIP LONG BEACH, NY 11561

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME WOELFEL, JOHN E
 STREET ADDRESS 3 BANGOR STREET
 CITY-ST-ZIP LINDENHURST, NY 11757

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME WOELFEL, JOAN T
 STREET ADDRESS 3 BANGOR STREET
 CITY-ST-ZIP LINDENHURST, NY 11757

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

Robert Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/08

Date

Daytime Phone #