2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090377

Entity Name: BONE - THRONE L.L.C.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8768 TOREY PINES TERRACE ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

8768 TOREY PINES TERRACE ORLANDO, FL 32819

FEI Number: 83-0465168 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:

RAFFA, ANTHONY 8768 TOREY PINES TERRACE ORLANDO, FL 32819 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:

Claster via Cinnettura of Danishara d Amerit

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete

Name: RAFFA, ANTHONY
Address: 8768 TOREY PINES TERRACI

Address: 8768 TOREY PINES TERRACE City-St-Zip: ORLANDO, FL 32819

City-3t-2ip. CittANDO, 1 E 32819

Title: MGR () Delete Name: RAFFA, MICHELE

Address: 8768 TOREY PINES TERRACE City-St-Zip: ORLANDO, FL 32819 ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: RAFFA, ANTHONY

Address: 8768 TOREY PINES TERRACE

City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change () Addition

Name: RAFFA, MICHELE

Address: 8768 TOREY PINES TERRACE
City-St-Zip: ORLANDO, FL 32819

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: ANTHONY RAFFA MGRM 04/30/2007