

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095629

FILED
Apr 29, 2008
Secretary of State

Entity Name: BOPETE INVESTMENTS LLC

Current Principal Place of Business:

3455 WEST FOREST LAKES DRIVE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3455 WEST FOREST LAKES DRIVE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-5837256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM B
3455 WEST FOREST LAKES DRIVE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, WILLIAM B
Address: 3455 WEST FOREST LAKES DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: PETER, ANDREW M
Address: 204 LAKE AVENUE
City-St-Zip: SARASOTA SPRINGS, NY 12866

Title: MGRM () Delete
Name: PETER, DAVID B
Address: 471 CLIFTON RD NE
City-St-Zip: ATLANTA, GA 30307

Title: MGRM () Delete
Name: JOHNSON, HAROLD L
Address: 3348 OLD OAK DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: PETER, WILLIAM H
Address: 8503 HIGH LARK LN
City-St-Zip: KNOXVILLE, TN 37923

Title: MGRM () Delete
Name: PETER, WILLIAM B
Address: 3347 OLD OAK DRIVE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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: WILLIAM B JOHNSON

MGRM

04/29/2008

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