2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038660

Entity Name: BSE ENTERPRISE, LLC.

Name:

Address:

City-St-Zip:

955 TIMBER GREEN DRIVE

LAKELAND, FL 33809

FILED Mar 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 955 TIMBER GREEN DRIVE LAKELAND, FL 33809 **Current Mailing Address: New Mailing Address:** 955 TIMBER GREEN DRIVE LAKELAND, FL 33809 FEI Number: 20-8823058 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: ANDREASEN, ALLAN B 3925 MOORES LAKE ROAD DOVER, FL 33527 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete EVANS, WALTER S Name: Name: Address: 955 TIMBER GREEN DRIVE Address: LAKELAND, FL 33809 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: EVANS, BEVERLY G Name: Address: 955 TIMBER GREEN DRIVE Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROWN, H J Name: Name: 955 TIMBER GREEN DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROWN, DOUG

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WALTER EVANS 03/04/2008