

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049125

Entity Name: BOBA LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

721 SE 15TH ST.
#3
POMPANO BEACH, FL 33060

New Principal Place of Business:

1016 S 24TH TERRACE
HOLLYWOOD, FL 33020

Current Mailing Address:

721 SE 15TH ST.
#3
POMPANO BEACH, FL 33060

New Mailing Address:

1016 S 24TH TERRACE
HOLLYWOOD, FL 33020

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, BRIAN C
721 SE 15TH ST.
#3
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

MOORE, BRIAN C
1016 S 24TH TERRACE
HOLLYWOOD, FL 33020 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: BRIAN MOORE

01/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, BRIAN
Address: 721 SE 15TH ST. #3
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: BOLIN, JANE
Address: 721 SE 15TH ST. #3
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOORE, BRIAN
Address: 1016 S 24TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM (X) Change () Addition
Name: BOLIN, JANE
Address: 721 SE 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

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: BRIAN MOORE

MNGR

01/21/2008

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