

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049899

Entity Name: B.O.I., LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

326 CHARLEMAGNE BLVD
I-204
NAPLES, FL 34112

New Principal Place of Business:

220 BASIK DR
NAPLES, FL 34114

Current Mailing Address:

326 CHARLEMAGNE BLVD
I-204
NAPLES, FL 34112

New Mailing Address:

9279 MUSEO CIRCLE
103
NAPLES, FL 34114

FEI Number: 26-2636719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSTEN, JENNIFER M
326 CHARLEMAGNE BLVD
I-204
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

GERSTEN, JENNIFER M
9279 MUSEO CIRCLE
103
NAPLES, FL 34114 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:

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GERSTEN, JENNIFER M
Address: 326 CHARLEMAGNE BLVD I-204
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: FISHER, ROBERT M
Address: 326 CHARLEMAGNE BLVD I-204
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GERSTEN, JENNIFER M
Address: 9279 MUSEO CIRCLE #103
City-St-Zip: NAPLES, FL 34114

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: JENNIFER M GERSTEN

MGRM

03/31/2009

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