## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M01000002669

1. Entity Name

BOMASADA JACKSONVILLE, LLC



FILED

Jan 27, 2006 08:00 AN

Secretary of State

Principal Place of Business

8980 LAKES AT 610 DRIVE

SUITE 200

HOUSTON, TX 77054

Mailing Address

8980 LAKES AT 610 DRIVE

SUITE 200

HOUSTON, TX 77054

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01202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 47-0856281

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303

## DO NOT WRITE

8. 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. I am famillar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

U00000403694

02/06/06-80025-010 50.00

## Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR FRED, STUART L 8980 LAKES AT 610 DRIVE STE 200 HOUSTON, TX 77054 MGR GILBERT, JOHN L	:	
STREET ADDRESS City-St-Zip	8980 LAKES AT 610 DRIVE STE 200 HOUSTON, TX 77054	;	
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGR GILBERT, JOHN L 8980 LAKES AT 610 DRIVE STE 200 HOUSTON, TX 77054	1	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		^	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the regeliging or frustee sampleyed to execute this report as required by Chapter 603, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

23/06

713-668-6886

Daytime Phone #