


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 08:00 A
Secretary of State

DOCUMENT # M04000004464 1. Entity Name BOSIO PROPERTIES, LLC	
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Principal Place of Business 125 WEST GRIGGS AVE. LAS CRUCES, NM 88001	Mailing Address 125 WEST GRIGGS AVE. LAS CRUCES, NM 88001
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DO NOT WRITE IN THIS SPACE



07262006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1768607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
 1333 N. DUVAL STREET
 TALLAHASSEE, FL 32303

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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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, EDGAR 125 WEST GRIGGS AVE. LAS CRUCES, NM 88001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLER, TABATHA 125 WEST GRIGGS AVE. LAS CRUCES, NM 88001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIETZE, JOSE V 125 WEST GRIGGS AVE. LAS CRUCES, NM 88001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Edgar Lopez** **8/1/06** **5055247156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #