


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000004464	
1. Entity Name BOSIO PROPERTIES, LLC	
	
Principal Place of Business 125 WEST GRIGGS AVE. LAS CRUCES, NM 88001	Mailing Address 125 WEST GRIGGS AVE. LAS CRUCES, NM 88001



07262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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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**DO NOT WRITE
IN THIS SPACE**

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:


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

Date

Daytime Phone #

8/1/06 **5055247156**