

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001783

Entity Name: BOGUS BROOK, L.L.C.

FILED
Jul 11, 2008
Secretary of State

Current Principal Place of Business:

20427 WILDCAT RUN DRIVE
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

20427 WILDCAT RUN DRIVE
ESTERO, FL 33928

New Mailing Address:

FEI Number: 36-4257489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALDWIN, C. PATRICK
20427 WILDCAT RUN DRIVE
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BALDWIN, C. PATRICK
Address: 20427 WILDCAT RUN DRIVE
City-St-Zip: ESTERO, FL 33928

Title: MGR () Delete
Name: TWETTEN, JAMES
Address: 8640 E. CHERYL DRIVE
City-St-Zip: SCOTTSDALE, AZ 85258

Title: MGR () Delete
Name: GELHAUS, PAUL
Address: 1516 NORTH WOOD DRIVE
City-St-Zip: MARSHFIELD, WI 54449

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIM ANDERSON

CFO

07/11/2008

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