## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**FILED** Apr 23, 2008 08:00 AN Secretary of State

| DOCUMENT # M06 | 60( | 00C | )00: | 349 |
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|----------------|-----|-----|------|-----|

1. Entity Name **BOSDEL LLC** 



Principal Place of Business

1001 EAST ATLANTIC AVENUE, SUITE 202 DELRAY BEACH, FL 33483

Mailing Address

1000 MARKET ST SUITE 300

PORTSMOUTH, NH 03801



01112008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number                    |                                   | Applied For    |  |
|----------------------------------|-----------------------------------|----------------|--|
| 02-0772213                       | <br>                              | Not Applicable |  |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |                |  |

|                                       | 6. Name and Address of Current Registered Agent  |   |  |
|---------------------------------------|--|---|--|
| 1200 SOU                              | ORATION SYSTEM<br>TH PINE ISLAND ROAD<br>ON, FL 33324  | DO NOT WRITE<br>IN THIS SPACE   |  |
| 8. The above the obligat              | named entity submits this statement for the purpose of changing its registerions of registered agent | ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept   |  |
| SIGNATURE_                            |  | red Agent signature required when reinstating) OATE   |  |
|                                       | NOW!!! FEE IS \$138.75<br>71, 2008 Fee will be \$538.75  |   |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>ADE, RICHARD C<br>1000 MARKET ST<br>PORTSMOUTH, NH 03801                                      |   |  |
| TITLE                                 |  | 7   |  |
| NAME                                  |  | U00000915774  |  |
| STREET ADDRESS CITY-ST-ZIP            |  | 05/12/08-80001-019 138.75   |  |
| •                                     |  | <b>-</b>  |  |
| TITLE<br>NAME                         |  |   |  |
| STREET ADDRESS                        |  | DO NOT WIDITE   |  |
| CITY-ST-ZIP                           |  | DO NOT WRITE  |  |
| 3)TIT                                 |  | IN THIS SPACE   |  |
| NAME<br>OXDEST ADDRESS                |  | IN THIS OF AGE  |  |
| STREET ADDRESS<br>CITY-ST-ZIP         |  |   |  |
| Tifut                                 |  | -   |  |
| NAME                                  |  |   |  |
| STREET ADDRESS                        |  |   |  |
| CiTY-ST-ZiP                           |  |   |  |
| TITLE                                 | · - · · · · · · · · · · · · · · · · · ·  |   |  |
| NAME<br>CIDLLI ADDIBLES               |  |   |  |
| STREET ADDRESS<br>CITY+ST+ZIP         |  |   |  |
|                                       | certify that the information supplied with this filing does not qualify to the                       | promotions contained in Chapter 110. Florida Statutes Lifetibes contained that the  |  |
| indicated                             | on this report is true and accurate and that my signature shall have the sa                          | exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ame legal effect as if made under oath, that I am a managing member or manager of the |  |

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

SIGNATURE:

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND T