


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**


**DOCUMENT # L04000008620**

1. Entity Name  
**BONGIOVI ACOUSTICS LLC**



|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>649 SW WHITMORE DRIVE<br/>PORT ST LUCIE, FL 34984 US</b> | Mailing Address<br><b>649 SW WHITMORE DRIVE<br/>PORT ST LUCIE, FL 34984 US</b> |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-LLC      CR2E083 (11/05)

|                                    |                                         |                                                     |
|------------------------------------|-----------------------------------------|-----------------------------------------------------|
| 4. FEI Number<br><b>20-2312917</b> | Applied For<br><input type="checkbox"/> | Not Applicat<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired   | <input type="checkbox"/>                | <b>\$5.00</b> Additional Fee Required               |

6. Name and Address of Current Registered Agent

**BUTERA, JOSEPH G JR  
649 SW WHITMORE DRIVE  
PORT ST LUCIE, FL 34984**

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IN THIS SPACE**

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 restating)      DATE \_\_\_\_\_

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

U00000524472  
05/03/06-80109-021 50.00

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BUTERA, JOSEPH G JR<br>649 SW WHITMORE DRIVE<br>PORT ST LUCIE, FL 34984 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SIMMONS, RONALD<br>649 SW WHITMORE DRIVE<br>PORT ST LUCIE, FL 34984     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                |

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

SIGNATURE:  **JOSEPH G BUTERA JR** 4/8/06 772-879-9400