


# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L04000081912</b> 1. Entity Name <b>VATTER BONITA LLC</b>	
--	---

FILED

2007 APR 11 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103 US</b>	Mailing Address <b>3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103 US</b>
--	--

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

03262007 Chg-LLC CR2E083 (12/06)

City & State  Zip Country	City & State  Zip Country
---------------------------------	---------------------------------

4. FEI Number <b>20-1917341</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  U.S. INVESTOR SERVICES, INC. 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103
---

<b>7. Name and Address of New Registered Agent</b> Name <b>IRC Investor Services LLC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3838 Tamiami Trail North, Suite 416</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>
---

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]* *Rainer Filthaut* *4/6/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$50.00</b>	<b>Make check payable to Florida Department of State</b>
------------------------------	--

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	VATTER, JUERGEN
STREET ADDRESS	3838 TAMIAMI TRAIL NORTH SUITE 416
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGR <input type="checkbox"/> Delete
NAME	VATTER, MARGOT
STREET ADDRESS	3838 TAMIAMI TRAIL NORTH SUITE 416
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	---
STREET ADDRESS	---
CITY-ST-ZIP	---
TITLE	<input type="checkbox"/> Delete
NAME	---
STREET ADDRESS	---
CITY-ST-ZIP	---
TITLE	<input type="checkbox"/> Delete
NAME	---
STREET ADDRESS	---
CITY-ST-ZIP	---

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500097298695</b>
STREET ADDRESS	<b>04/18/07--01013--011 **50.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* *Juergen Vatter* *4/6/07* *239-213-4000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #