2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000123261

1. Entity Name BOUNTY ENTERPRISES, LLC



Principal Place of Business

Maifing Address

, STE 1600	

FILED Apr 04, 2006 8:00 am Secretary of State

04-04-2006 90008 038 ****50.00

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121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134 121 ALHAMBRA PLAZA, PH- CORAL GABLES, FL 33134						TE 1600			III FAIRI AMII BRIM BRIM	TOLEN HISIO NO DE AL	110 (JSIE ONOL 110	1
2. Principal Place of Business 3. Mailing Address				ddress	•				Sylvania (m. 1975)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03212006	Chg-LLC	CR2E0	83 (11/05)	
City & State	9	City & State					4. FEI Numl	FEI Number Applied For Not Applicable				
Zip		Country	Zip Cou			у		5. Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name	and Address of Current	Registered Age	int			•	7. Name an	d Address of New	Registered /	Agent	
						Name						
THE ALLEN MORRIS COMPANY 121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134				-	Street A	ddress (F	P.O. Box Num	ber is Not Acceptal	ble)			
					_	City				FL	Zip Code	
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 .										de a met	· 	
	Signature, lyped	or printed name of registered agent a	and title if applicable.	(NOTE: R	legistered	Agent signat	ure required	when reinstating)	T	DATE		
Filing Fee is \$50.00 Due by May 1, 2006									Make check payable to Florida Department of State			
9.		MANAGING MEMBE	RS/MANAGERS	6	10.				ADDITION	S/CHANGES		
TITLE	MGRM			Delete	TITLE						☐ Change	Addition
NAME	MORRIS, W. ALLEN				NAME		;					
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP	CORAL GABLES, FL 33134				CITY-S	ST-ZIP	<u> </u>					
TITLE	MGR			☐ Delete	TATLE						☐ Change	☐ Addition
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TITLE	MGR		E	Delete	FITLE						Change	Addition
NAME	GIL, YAZ	MAN			NAME		GIL	., YAZ	MIN			
STREET ADDRESS	121 ALHA	AMBRA PLAZA, PH-1, S	STE 1600			T ADDRESS	•	• • • •				
CITY-ST-ZIP	CORAL C	SABLES, FL 33134	<i>y</i>		CITY-	ST - ZIP	ļ					
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NAME STREET ADDRESS				~	STREE	T ADORESS						
CITY-ST-ZIP	1			•	L	\$1 - Z1P						
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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:

reasures OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE