


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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| DOCUMENT # L07000047650 |  |
| 1. Entity Name BONITA VILLAGE 3, LLC | |

60012793

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| Principal Place of Business SAUNDERSFOOT HOUSE, CHAPELTOWN ROAD BENTLEY CROSS, BOLTON, BL7 9AT UNITED KINGDOM, XX | Mailing Address SAUNDERSFOOT HOUSE, CHAPELTOWN ROAD BENTLEY CROSS, BOLTON, BL7 9AT UNITED KINGDOM, XX |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

01272008 Chg-LLC CR2E083 (12/06)

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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|--------------|--------------|
| City & State | City & State |
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| 4. FEI Number 20-8980591 | Applied For Not Applicable |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL. 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102 | Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FERGUSON, MARTIN L SAUNDERSFOOT HSE, CHAPELTOWN RD, BENTLEY CRS BOLTON, BL7 9AT, U.K. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FERGUSON, CAROLE ANN E SAUNDERSFOOT HSE, CHAPELTOWN RD, BENTLEY CRS BOLTON, BL7 9AT, U.K. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: C. A. Ferguson 3-1-08 (01144) 7974 429558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #