

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILED 99 APR 16 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002459 BONZ LIMITED COMPANY 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND FL 33706		1a. Principal Place of Business Address 7019 CENTRAL AVENUE ST PETERSBURG FL 33710	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 10/27/1998		3a. State of Formation FL	
4. FEI Number 59-2556957		☐ Applied For ☐ Not Applicable	
5. Date of Last Report NA		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent BONSEY, MARY ANN 450 TREASURE ISLAND CAUSEWAY, APT #6 TREASURE ISLAND FL 33706		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u>Mary Ann Bonsey</u> DATE <u>4-13-99</u>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BONSEY, MARY ANN	450 TREASURE ISLAND CAUSEW	TREASURE ISLAND FL
MGR	ARMISTEAD, MICHAEL D	450 TREASURE ISLAND CAUSEW	TREASURE ISLAND FL
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>Mary Ann Bonsey</u> <u>4-13-99</u> <u>727-367-8448</u>			