


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002459 1. Entity Name BONZ LIMITED COMPANY	
---	---

Principal Place of Business 7019 CENTRAL AVENUE ST PETERSBURG, FL 33710-7559	Mailing Address 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND, FL 33706
--	--

DO NOT WRITE IN THIS SPACE



04182004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3556957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BONSEY, MARY ANN 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND, FL 33706

DO NOT WRITE 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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

UD00000122700
04/21/04-80039-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONSEY, MARY ANN 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMISTEAD, MICHAEL D 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(f), 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: Mary Ann Bonsey 4-18-04 727-367-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #