

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-02-2004 90252 050 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000013284		
1. Entity Name BONITA CHIQUITA, L.L.C.		
Principal Place of Business 25810 HICKORY BLVD., APT. E207 BONITA SPRINGS, FL 34134	Mailing Address 181 HILLSIDE AVENUE WILLISTON PARK, NY 11596	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BIANCAMIELLO, ANTHONY J 25810 HICKORY BLVD., APT. E207 BONITA SPRINGS, FL 34134		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  DATE <u>3/23/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIANCAMIELLO, ANTHONY J 25810 HICKORY BLVD APT E207 BONITA SPRINGS, FL 34134	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I 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 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:  <u>3/14/04 5142484060</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #		

ANTHONY BIANCAMIELLO