2005 LIMITED PARTNERSHIP ANNUAL REPORT
\_\_\_\_\_ Due By May 1, 2005

## FILED May 11, 2005 08:00 AM Secretary of State

| DOCUMENT # A13709  1. Entity Name BONITA LIMITED PARTNERSHIP  Principal Place of Business 12100 WILSHIRE BLVD STE 1400  Mailing Address 12100 WILSHIRE BLVD STE 1400   |  |                              |                     |                        |          |            |  | · Sec                      | eretar   | y of State                    |
|--|--|------------------------------|---------------------|------------------------|----------|------------|--|----------------------------|--|-------------------------------|
| LOS ANGELES, CA 90025  |  |                              |                     | OS ANGELES, CA 900     |          | <br>       | <b></b>  |                            | (#), <b>0,0</b> () <b>0</b> (#);#); <b>0</b> ; |                               |
| 2. Principal Place of Business   |  |                              |                     | 3. Mailing Address     |          |            |  |                            |  |                               |
| Suite, Apt. #, etc.  |  |                              | Suite, Apt. #, etc. |                        |          |            | 04212005   | Chg-LP                     | CR2E003  | 3 (10/03)                     |
| City & State   |  |                              | City & State        |                        |          |            | 4. FEI Number<br>95-3792                                       | 546                        |  | Applied For<br>Not Applicable |
| Zip  | Country  |                              | Zip Cou             |                        | Coun     | itry       | 5. Certificate of Status Desired S8.75 Additional Fee Required |                            |  |                               |
| 6. Name and Address of Current F   |  |                              |                     | tered Agent            |          | Name       | 7. Name and Address of New Registered Agent                    |                            |  |                               |
| DOUGLAS H. REYNOLDS, P.A.<br>4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR<br>SOUTHTRUST BANK BUILDING<br>FORT LAUDERDALE, FL 33308   |  |                              |                     |                        |          |            | P.O. Box Number  | is Not Acceptable          | 9)   |                               |
| I OR I Exc   | DENDAL   | E, 1 E 33300                 |                     |                        |          | City       |  |                            | FL   | Zip Code                      |
| 8. The above   | named entit  | v submits this statement for | the n               | urpose of changing its | register | 1          | ed agent, or both  | in the State of Flo        |  | niliar with, and accept       |
| 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 Signature, typed or printed name of registered agent and title if applicable.  |  |                              |                     |                        |          |            |  |                            |  |                               |
| 9. Capital Contributions as Shown on record. \$869,301.00 10. Amount of Capital Contributions in FLORIDA to date.  |  |                              |                     |                        |          |            |  |                            |  |                               |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  |  |                              |                     |                        |          |            |  |                            |  |                               |
| NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY   |  |                              |                     |                        |          |            |  |                            |  | er.                           |
| DOCUMENT #   | P04497   |                              |                     |                        | STRE     | ET ADDRESS |  |                            |  |                               |
| STREET ADDRESS CITY-ST-ZIP   | WILSHIRE INVESTMENTS COR<br>12100 WILSHIRE BLVD<br>LOS ANGELES, CA |                              |                     |                        | CUA      | -ST-21P    | - <del></del>  |                            | <del></del>                                    |                               |
| DOCUMENT >   | }  |                              | <u></u>             | <del></del>            | STRE     | ET ADORESS |  |                            |  |                               |
| STREET ADDRESS CITY-SI-ZIP   |  |                              |                     |                        | CITY     | '-ST-ZIP   | 000000365565<br>05/11/05-80006-021 526.25                      |                            |  |                               |
| DOCUMENT #   | <del> </del>   |                              | <del></del> -       |                        | STRE     | ET ADDRESS |  | <u>. 11-37   17   11-1</u> | <u>- 61 11 11 10 - 1</u>                       | <u>161 368.63</u>             |
| STREET ADDRESS CITY-ST-ZIP   | }  |                              |                     |                        | CITY     | -SI-ZIP    |  |                            |  |                               |
| DOCUMENT #   |  | <del></del>                  |                     | <del></del>            | STRE     | ET ADDRESS |  | <u></u>                    | ·  |                               |
| STREET ADDRESS CITY - ST - ZIP   | <u> </u>   |                              | •                   | Ben in                 | CITY     | -ST-ZIP    |  |                            |  |                               |
| DOCUMENT #   |  |                              |                     |                        | STRE     | ET ADDRESS |  |                            |  |                               |
| STREET ADDRESS<br>CITY-ST-ZIP  | }  |                              |                     |                        | CHY      | -ST-ZIP    |  |                            |  |                               |
| DOCUMENT #   |  | <u>-</u>                     |                     | <del></del>            | STRE     | ET ADDRESS |  | <del></del>                | <u> </u>                                       |                               |
| STREET ADDRESS<br>CITY+ST-ZIP  |  |                              |                     |                        | 1        | -ST-ZIP    |  |                            |  |                               |
| 14. 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 path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620/ Florida Statutes. |  |                              |                     |                        |          |            |  |                            |  |                               |
| SIGNATURE: Wilshire Investments Corporation  Jay Wall, Vice President  SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL HAND AND DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAY   |  |                              |                     |                        |          |            |  |                            |  |                               |