2006 LIMITED LIABILITY COMPANY

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ANNUAL REPORT FILED May 01, 2006 08:00 AN DOCUMENT # L00000002340 **Secretary of State** BDC BONNET CREEK, L.L.C. Principal Place of Business Mailing Address 401 WEST COLONIAL DRIVE, SUITE 7 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804 ORLANDO, FL 32804 04112006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3632896 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACARTHUR, WILLIAM H DO NOT WRITE 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804 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. Signature, typed or grinted same of registered egent and title if englicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MEM TITLE NAME **BDC BONNET CREEK INC** STREET ADDRESS 401 WEST COLONIAL DRIVE, SUITE 7 U00000545812 05/11/06-80131-008 50.00 CITY-ST-ZIP ORLANDO, FL 32804 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING