

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-04-2006 90032 011 ****50.00

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1. Entity Name
BONITA STEAK HOUSE, L.L.C.



Principal Place of Business

**1473 PERIWINKLE WAY
SANIBEL, FL 33957**

Mailing Address

**1473 PERIWINKLE WAY
SANIBEL, FL 33957**



02142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1676190

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRITCHARD, WILLIAM L
1473 PERIWINKLE WAY
SANIBEL, FL 33957**

**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

William L Pritchard

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

4/20/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PRITCHARD, WILLIAM L
STREET ADDRESS	4697 RUE BELLE MER
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	PRITCHARD, ROGER C
STREET ADDRESS	1345 EAGLE RUN
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	GAETA, PAUL F
STREET ADDRESS	989 DIXIE BEACH RD.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	GAETA, MARGARETA
STREET ADDRESS	989 DIXIE BEACH RD.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

William L Pritchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #