

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002546

Entity Name: BONITA PROPERTIES, LLC

FILED  
May 03, 2007  
Secretary of State

**Current Principal Place of Business:**

900 MELALEUCA ROAD, 1ST FLOOR  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

900 MELALEUCA ROAD, 1ST FLOOR  
DELRAY BEACH, FL 33483

**New Mailing Address:**

359 JONES PARKWAY  
BRENTWOOD, TN 37027

FEI Number: 94-3362912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEVIN, JEFFREY  
900 MELALEUCA ROAD, 1ST FLOOR  
DELRAY BEACH, FL 33483      US

**Name and Address of New Registered Agent:**

LEVIN, JEFFREY  
900 MELALEUCA RD.  
DELRAY BEACH, FL 33483      US

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.

SIGNATURE: JEFFREY LEVIN

05/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LEVIN, JEFFREY  
Address: 900 MELALEUCA ROAD, 1ST FLOOR  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: LEVIN, JEFFREY  
Address: 359 JONES PARKWAY  
City-St-Zip: BRENTWOOD, TN 37027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY LEVIN

MGR

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date