4/18/03 (239) 948-7170

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

UI	IIFORM BOSIN	E33 REPURI	(ODN)			
DOCUMENT # L0000002805 1. Entity Name				FILED		
BONITA B	USINESS PARK, LLC			03 JUN 18 AM 11: 02		
Principal Place	e of Business	Mailing Address		SEPRETA RYSINGS TAIS.		
3033 RIVIERA DRIVE		8880 TERRENCE CT.		SECRETARY OF STAIL TALBAHASSEEFFEORIDA		
STE 202 NAPLES FL 34103		BONITA SPRINGS FL 34135				
2. Principal Place of Business 28190 Old YI Wal		3. Mailing Address 28190 Old 41 Mod				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Stc 101 City & State		Ste to [4. FEI Number 21-1702510 Applied For		
Boar	Saniana Fr	Bonita Spring	06	4. FEI Number 31-1702510 Applied For Not Applicable		
Zip 341:	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional		
341	35 USA	34135	USA	Fee Required		
	6. Name and Address of Curren	nt Registered Agent	Name	7. Name and Address of New Registered Agent Stephen L. EMENS		
MILLAY, LAURIE						
- 8880 TERRENE CT - Street Add			Address (P.O-Box Number is Not Acceptable)			
BON	IITA SPRINGS FL 34135		,			
	`\		City _a	Zip Code		
				Bonita Springs FL 34185		
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.						
Clot 1 5 ma						
SIGNATURE -	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	legistered Agent signal	ature required when reinstating) DATE		
		FILE NOV	V!!! FEE IS \$	\$50.00		
		Make Check Payable		· ·		
	·	. Due i	By May 1, 200			
9.	MANAGING MEME		10.	ADDITIONS/CHANGES STEPHEN L. FMETH C Change DAddition		
T/TLE NAME	MGRM SVOBADA, BRIT E	☐ Delete	TITLE NAME	STEPHEN L. EMENUS MCRM Change Waddition		
STREET ADDRESS	1901 FAIRFAX CIR.		STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	Bonita Spring FL 34135		
TITLE		☐ Delete	TITLE	8000176225-\$\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
NAME expect approve			NAME STREET ADDRESS	04/30/0301122014 **50.00		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME			NAME	04/30/0301122-014_** 50.00		
STREET ADDRESS			STREET ADDRESS	0 11 007 05 01122 011 1230 ,00		
_CITY-ST-ZIP			_CITY_ST_ZIP	Change		
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		Ol this filter dear the second	CITY-ST-ZIP	140 07(0V) Florida (140 07(0V))		
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 fiability company or the receiver or trustee empowered by execute this report as required by Chapter 608, Florida Statutes.						