

2001 UNIFORM BUSINESS REPORT (UBR)

0021431 AF

DOCUMENT # L00000003473

1. Entity Name
BONITA ASSOCIATES, L.L.C.

FILED
01 MAY 16 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9765 SPRING RUN BLVD.
BONITA SPRINGS FL 34135

Mailing Address
P.O. BOX 580
BONITA SPRINGS FL 34135

2. Principal Place of Business
25058 RIDGE OAK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL

City & State

Zip 34134 **Country** LEE

Zip **Country**

4. FEI Number
59-3636228

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OWENS, WILLIAM L
4001 TAMiami TRAIL NORTH, SUITE 404
C/O BOND, SCHOENECK & KING, P.A.
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name KEITH A. HANCOCK

Street Address (P.O. Box Number is Not Acceptable)
25058 RIDGE OAK DR.

City BONITA SPRINGS **FL** **Zip Code** 34134

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.

SIGNATURE KEITH HANCOCK, MANAGER **DATE** 4/30/01

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **DATE** 4/30/01 **Daytime Phone #** (941) 416 1524

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

CR2E083 (11/00)