

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003473

FILED
Jun 30, 2004
Secretary of State

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

Current Principal Place of Business:

10056 ST. MORITZ DR.
MIROMAR LAKES, FL 33913

New Principal Place of Business:

17113 JEAN STREET
FT. MYERS, FL 33912

Current Mailing Address:

P.O. BOX 580
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 59-3636228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANCOCK, KEITH A
10056 ST. MORITZ DR.
MIROMAR LAKES, FL 33913 US

Name and Address of New Registered Agent:

HANCOCK, KEITH A
P. O. BOX 580
BONITA SPRINGS, FL 34133 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:

06/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HANCOCK, KEITH A
Address: 10056 ST. MORITZ DR.
City-St-Zip: MIROMAR LAKES, FL 33913

Title: MGR () Delete
Name: TEFFT, JOHN L
Address: 7313 BARCLAY COURT
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANCOCK, KEITH A
Address: P. O. BOX 580
City-St-Zip: BONITA SPRINGS, FL 34133

Title: MGR (X) Change () Addition
Name: TEFFT, JOHN L
Address: P. O. BOX 580
City-St-Zip: BONITA SPRINGS, FL 34133

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH A. HANCOCK

MGRM

06/30/2004

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