


**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90252 048 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000013285</b> 1. Entity Name <b>BONITA GRANDE, L.L.C.</b>	
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Principal Place of Business <b>25810 HICKORY BLVD., APT. E207 BONITA SPRINGS, FL 34134</b>	Mailing Address <b>181 HILLSIDE AVENUE WILLISTON PARK, NY 11596</b>
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**34003815**



03182004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2584594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BIANCANIELLO, ANTHONY J 25810 HICKORY BLVD., APT. E207 BONITA SPRINGS, FL 34134</b>
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**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  **3-23-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BIANCANIELLO, ANTHONY J 25810 HICKORY BLVD., APT E207 BONITA SPRINGS, FL 34134</b>
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**DO NOT WRITE  
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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:  **3/14/04 516 2484080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ANTHONY BIANCANIELLO**