

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90041 037 ****50.00

DOCUMENT # L00000015863	
1. Entity Name THE BON TERRE GROUP, L.L.C.	



Principal Place of Business 325 WALKER ST. STE B DAYTONA BEACH, FL 32117	Mailing Address 475 MONTGOMERY PL ALTA MONTE SPRINGS, FL 32714
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2. Principal Place of Business 2004 N DIXIE FREEWAY Suite, Apt. #, etc.	3. Mailing Address 2004 N DIXIE FREEWAY Suite, Apt. #, etc.
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04262005 Chg-LLC CR2E083 (10/03)

City & State NEW SMYRNA BEACH	City & State NEW SMYRNA BEACH
Zip 32168	Zip 32169
Country VOLUSIA	Country VOLUSIA

4. FEI Number 59-3688434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLEY GOLDBERG LEACH AND COHN PL 475 MONTGOMERY PL ALTA MONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Woodrow Sharkey DATE 4/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHARKEY, WOODROW 325 WALKER ST. STE B DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Woodrow Sharkey DATE 4/26/05 386-428-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE