


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90066 030 ****50.00

DOCUMENT # L02000007583	
1. Entity Name LA ISLA BONITA PROPERTIES, LLC	

Principal Place of Business 2500 GULF DRIVE NORTH BRADENTON BEACH, FL 34217	Mailing Address P.O BOX 2181 ANNA MARIA, FL 34216
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2. Principal Place of Business P.O. Box 3263 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3263 Suite, Apt. #, etc.
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City & State PLACIDA FL	City & State PLACIDA, FL
Zip 33946	Zip 33946
Country USA	Country USA

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0582613	Applied For 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 SANTIAGO, VICTOR G BARNES WALKER, CHARTERED 3119 MANATEE AVE. WEST BRADENTON, FL 34205
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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
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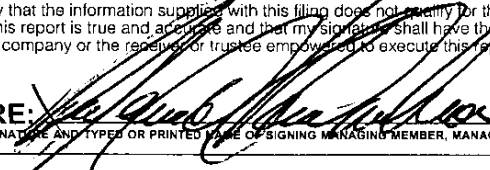
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	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 HENDRICKSON, DAVID T P.O. BOX 2181 ANNA MARIA, FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 3263 PLACIDA, FL 33946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRICKSON, SUZANNE D P.O. BOX 2181 ANNA MARIA, FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 3263 PLACIDA, FL 33946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 5/27/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #