

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007791 1. Entity Name BONIFAY PROPERTIES, LLC	
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Principal Place of Business 6300 CHERRY LAUREL DRIVE MILTON, FL 32570	Mailing Address 6300 CHERRY LAUREL DRIVE MILTON, FL 32570
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DO NOT WRITE IN THIS SPACE

07022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3685824	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WATSON, TODD 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, JAMES A 6300 CHERRY LAUREL DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WATSON, GRACE W 6300 CHERRY LAUREL DRIVE MILTON, FL 32570
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08/05/04-80004-008 55.00**DO NOT WRITE
IN THIS SPACE**

1. 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 605, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #