2005 LIMITED LIABILITY COMPANY

FILED Mar 10, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L02000020819** BONITA GLADE, L.C. Principal Place of Business Mailing Address 6924 WILLOW LANE **6924 WILLOW LANE** MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 03072005 No Chq-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3650209 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUSTER, ROY F JR DO NOT WRITE 6924 WILLOW LANE MIAMI LAKES, FL 33014 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 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 May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME CUSTER, ROY F JR STREET ADDRESS 6924 WILLOW LANE MIAMI LAKES, FL 33014 CITY-ST-ZIP U00000258853 03/10/05-80060-010 55.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CRY-ST-ZP

SIGNATURE: Ruf.	Custa h.	3-7-05	305-8236365
SIGNATURE AND TYPED OF PRINTED I	NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED	Date Date	Daytime Phone ≠