

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90016 042 \*\*\*\*50.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                   |                                                                                            |                                                                                                                                         |  |
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| <b>DOCUMENT # L03000033800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                   |                                                                                            |                                                                                                                                         |  |
| <b>1. Entity Name -</b><br>BONITA BEACHWALK, LLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                   |                                                                                            |                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>3876 BONITA BEACH RD.<br>SUITE #9<br>BONITA SPRINGS, FL 33912 US                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                   | <b>Mailing Address</b><br>3876 BONITA BEACH RD.<br>SUITE #9<br>BONITA SPRINGS, FL 33912 US |                                                                                                                                         |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | <b>3. Mailing Address</b>                         |                                                                                            |                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | Suite, Apt. #, etc.                               |                                                                                            |                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | City & State                                      |                                                                                            |                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country                                                                                                       | Zip                                               | Country                                                                                    | 04302004 Chg-LLC CR2E083 (10/03)                                                                                                        |  |
| <b>4. Name and Address of Current Registered Agent</b><br>DAVIS, MICHAEL J<br>3876 BONITA BEACH RD.<br>SUITE #9<br>BONITA SPRINGS, FL 34134                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                   |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                   |                                                                                            |                                                                                                                                         |  |
| <b>6. 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.</b>                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                   |                                                                                            |                                                                                                                                         |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                   |                                                                                            |                                                                                                                                         |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Make check payable to Florida Department of State |                                                                                            |                                                                                                                                         |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                   | <b>10. ADDITIONS/CHANGES</b>                                                               |                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MANAGING PARTNER <input type="checkbox"/> Delete<br>MICHAEL J. DAVIS<br>4829 GARY RD<br>BONITA SPRGS FL 34134 |                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.</b> |                                                                                                               |                                                   |                                                                                            |                                                                                                                                         |  |
| <b>SIGNATURE:</b> <i>Michael J. Davis</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                   | 4/30/04                                                                                    |                                                                                                                                         |  |