
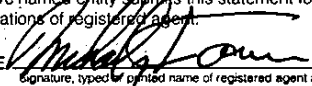
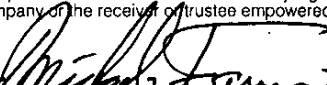


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90095 044 ****50.00

DOCUMENT # L03000033800 1. Entity Name BONITA BEACHWALK, LLC.			
Principal Place of Business 3876 BONITA BEACH RD. SUITE #9 BONITA SPRINGS, FL 33912 US		Mailing Address 3876 BONITA BEACH RD. SUITE #9 BONITA SPRINGS, FL 33912 US	
2. Principal Place of Business 4450 Bonita Beach Rd.		3. Mailing Address 4450 Bonita Beach Rd.	
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. 6	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34134 Country USA		Zip 34134 Country USA	
4. FEI Number 73-1690292		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, MICHAEL J 3876 BONITA BEACH RD. SUITE #9 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Michael J. Davis Street Address (P.O. Box Number is Not Acceptable) 4450 Bonita Beach Rd. Suite #6 City Bonita Springs FL Zip Code 34134	
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  Michael J. Davis, president 1/17/05 <small>(NOTE: Registered Agent signature required when filing this statement)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, MICHAEL J 4829 GARY RD BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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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 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  Michael J. Davis		Date 1/17/05 Daytime Phone # 239-948-2667	