2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034300



FILED Apr 21, 2004 8:00 am Secretary of State

1. Entity Nam BONFIGL	IO CENTER, ŁLC			04-21-2004 9	90450 014 ****:	50.00		
Principal Place of Business 1000 S. FEDERAL HIGHWAY STUART, FL 34994		Mailing Address 1000 S. FEDERAL HIGHWAY STUART, FL 34994						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number	126050		applied For tot Applicable	
Zip Country		Zip Country		· · · · · · · · · · · · · · · · · · ·	of Status Desired	□ \$5.00 Ac	ditional	
6. Name and Address of Current Registered Agent			•	7. Name and	Address of New Re	egistered Agent		
			Name					
BONFIGLIO, CHARLES J 10000 STIRLING ROAD		Street Addres		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
SUITE 5 COOPER CITY, FL 33024							į	
			City			FL Zip Co		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or reg	gistered agent, or bo	th, in the State of Flor	rida. I am familiar with	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and sittle if a continued in the Continu	Registered Agent signature re			DATE		
• .	signature, typed or printed name or registered agent a	nd title if applicable. (NO1E;	registered Agent signature re	equired witeri remstating)		DATE		
Fi D	iling Fee Is \$50.00 ue by May 1, 2004	по вие и аррисаоне. (NO1E:	registered Agent signature re	equired when tensioning)	Make Florida	e check payable to Department of Sta	ıte	
D	iling Fee Is \$50.00 ue by May 1, 2004		:		Floridã	e check payable to Department of Sta	ite	
9.	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBEI	RS/MANAGERS	10.	equired when the islanding)	Make Floridà ADDITIONS/	e check payable to Department of Sta CHANGES	rtei	
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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.