

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90129 047 \*\*\*138.75

<b>DOCUMENT # L03000040470</b>					
<b>1. Entity Name</b> SCOTT D. BONK, LLC					
<b>Principal Place of Business</b> 11691 GATEWAY BOULEVARD, SUITE 102 FORT MYERS, FL 33913			<b>Mailing Address</b> 11691 GATEWAY BOULEVARD, SUITE 102 FORT MYERS, FL 33913		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 57-1190610	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BONK, SCOTT D 11691 GATEWAY BOULEVARD, SUITE 102 FORT MYERS, FL 33913			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <b>4-10-08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> SCOTT D. BONK AND ASSOCIATES, INC. 11691 GATEWAY BOULEVARD, SUITE 102 FORT MYERS, FL 33913 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> BONK, SCOTT D 12770 ALLENSDALE CIRCLE FORT MYERS, FL 33912 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 11239 Paddington Terrace Fort Myers, FL 33913	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> BONK, SHIRLEY M 12770 ALLENSDALE CIRCLE FORT MYERS, FL 33912 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 11239 Paddington Terrace Fort Myers, FL 33913	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> BONK, JEFFREY S 11030 RIVER TRENT COURT LEHIGH ACRES, FL 33971 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <b>SCOTT D. BONK</b> <b>4-10-08</b> <b>2397683654</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date <span style="margin-left: 50px;">Daytime Phone #</span></span>					

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