

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053631

FILED  
May 14, 2007  
Secretary of State

Entity Name: VIDA BONITA PROPERTIES, LLC

**Current Principal Place of Business:**

121 NE 24TH TER  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 151149  
CAPE CORAL, FL 33915 US

**New Mailing Address:**

FEI Number: 77-0618599 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALLEN, JESSICA L  
PO BOX 151149  
CAPE CORAL, FL 33915 US

**Name and Address of New Registered Agent:**

DUQUE, JESSICA L  
2220 NE 10TH AVE  
CAPE CORAL, FL 33909 US

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.

SIGNATURE: JESSICA DUQUE

05/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: DUQUE, LUIS MIGUEL  
Address: PO BOX 151149  
City-St-Zip: CAPE CORAL, FL 33915 US

Title: MS. ( ) Delete  
Name: ALLEN, JESSICA  
Address: PO BOX 151149  
City-St-Zip: CAPE CORAL, FL 33915 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JESSICA DUQUE

MGR

05/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date