


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90434 035 ****50.00

DOCUMENT # L04000018371 1. Entity Name BONEFISH BAY LLC			
Principal Place of Business 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406		Mailing Address 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406	
2. Principal Place of Business - No P.O. Box # 2655 N Ocean Dr		3. Mailing Address 2655 N Ocean Dr	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. 310	
City & State Singer Island FL		City & State Singer Island FL	
Zip 33404		Zip 33404	
Country US		Country US	
4. FEI Number 20-1160557		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 ARMOUR, ALAN III 1645 PALM BEACH LAKES BLVD, STE 1200 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, GEORGE W 2655 NORTH OCEAN DR #310 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u><i>George W Heaton</i></u> <u><i>George W Heaton</i></u> <u><i>3/23/07</i></u> <u><i>561 833 5500</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			