2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L04000029087

1. Entity Name

BONITA BEACH EQUITIES LLC



FILED Feb 18, 2005 8:00 am Secretary of State 02-18-2005 90131 019 ****50.00

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Principal Place of Business Mailing Address													
3399 PGA BOULEVARD			3399 PGA BOULEVARD										
SUITE 450 PALM BEACH GARDENS FL 33410			SUITE 450 PALM BEACH GARDENS FL 33410									•	
FALM BEAC	IT GANDEN	13 FL 33410	JEINS FL 3	33410		111	Miles du ser	14 3 18 11 8 8 11 11 8 8	MI BEM BEID		#2121 WIN 188		
2. Principal P	lace of Busin			ļ ļļ									
z. Timoiparr	IACE OF DUSIN	G22	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.										
							·	1st MOO	RE	CR2	-083	(10/04)	
City & State			City & State				4. FEI Num					[Ap	plied For
							20-	100	715	9		No	t Applicable
Zip		Country	Zip	Zip Country			5. Certifica				\$5	5.00 Add	itional
						J. Cerunca	ie oi stati	12 Dezired	<u>'</u>		e Required		
6. Name and Address of Current F			Registered Agent Name				7. Name and Address of New Registered Agent						
										•			i
PET	ER D. CU	IMMINGS & ASSO	ATES, INC.		Street Address (P.O. Box Number is Not Acceptable)								
		DULEVARD											
	ΓΕ 450 .M BEACI	410											
175		TOATIDE 100	710	City						Zip Code			
					City					-	FL	'	
		y submits this statement fo	r the purpose of changing	its register	red office or	register	ed agent, or b	ooth, in th	e State of	Florida. I	am farr	niliar with,	and accept
the obligati	ions of regist	ered agent.											
SIGNATURE.			·										
	Signature, typed	or printed name of registered agent	and title if applicable (N	OTE: Registere	ed Agent signati	ure required	when reinstating)	т		DA	.TE		
					FEE IS \$								
			Make Check Pay	able to F	lorida Dej	oartme	nt of State						
Due By May 1, 2005													
9. MANAGING MEMBERS/MANAGERS 10.							C 9200 TO BE BERNELLO		ADDITION	IS/CHAN	GES		
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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.

SIGNATURE: KEITHLL CHMMINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

2-15-05 Date

(561)630-6110