

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036161

FILED
Mar 29, 2007
Secretary of State

Entity Name: BONAVENTURE AFFILIATES, LLC

Current Principal Place of Business:

2174 HARRIS AVENUE, N.E.
SUITE 7
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

2174 HARRIS AVENUE, N.E.
SUITE 7
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 20-1111508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMETZER, BONNIE B
2174 HARRIS AVENUE, N.E.
SUITE 7
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACKSON, THOMAS K
Address: 5605 GLENRIDGE DRIVE, SUITE 1010
City-St-Zip: ATLANTA, GA 30342 US

Title: PRES () Delete
Name: SMETZER, BONNIE B
Address: 2174 HARRIS AVENUE NE, SUITE 7
City-St-Zip: PALM BAY, FL 32905 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: SEC () Change (X) Addition
Name: STATEN, THOMAS
Address: 10200 RICHMOND AVE., SUITE 250
City-St-Zip: HOUSTON, TX 77042

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS STATEN

SEC

03/29/2007

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