2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90046 031 ****55.00

DOCUMENT # L04000092159

1. Entity Name
NSHE BONITA, LLC

Principal Place of Business	Mailing Address
C/O INVESTMENT PRPRTY EXCH SERV.,INC 2390 EAST CAMELBACK ROAD PHOENIX, AZ 85016	C/O INVESTMENT PRPRTY EXCH SERV.,INC 2390 EAST CAMELBACK ROAD PHOENIX, AZ 85016

04042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Bonita Land LLC	Bonita Land LLC
Suite, Apt. #, etc.: 3100 John Young Pkwy	Suite, Apt. #, etc.: 3100 John Young Pkwy
City & State: Orlando FL	City & State: Orlando FL
Zip: 32804 Country: United States	Zip: 32804 Country: United States

4. FEI Number: 77-0558360 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAGEE, JAMES M C/O NEDUCHAL & MAGEE PA 226 HILLCREST STREET ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NATIONAL SAFE HARBOR EXCHANGES, INC. 2390 EAST CAMELBACK ROAD PHOENIX, AZ 85018	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bonita Land LLC 3100 John Young Pkwy Orlando FL 32804	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Kroy E Crofoot 9903 Giffin ct Windermere FL. 34786	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./V.P. Frances J Crofoot 8823 Bay Hill Blv. Orl. FLA. 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./V.P James Magnuson 9844 Laurel Dr. Windermere FLA, 34786	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Mark Daniel 6509 Stonington Dr. So. Tampa FLA, 33627	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kroy E Crofoot Kroy E Crofoot 4/5/06 (407)299-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #