


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 04000092159	
1. Entity Name NSHE BONITA, LLC	

Principal Place of Business BONITA LAND LLC 3100 JOHN YOUNG PKWY ORLANDO, FL 32804	Mailing Address BONITA LAND LLC 3100 JOHN YOUNG PKWY ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



01052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 77-0558360	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MAGEE, JAMES M
 C/O NEDUCHAL & MAGEE PA
 226 HILLCREST STREET
 ORLANDO, FL 32801

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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 re-registering)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROFOOT, KROY E 9903 GRIFFIN CT LEESBURG, FL 347896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CROFOOT, FRANCES J 8823 BAY HILL BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MAGNUSON, JAMES 9844 LAUREL DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIEL, MARK 6509 STONINGTON DR S TAMPA, FL 33627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/07-80024-025 50.00

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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: *Frances J Crofoot* **1-18-07 407-299-9188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #