


**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	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 77-0558360		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MAGEE, JAMES M C/O NEDUCHAL & MAGEE PA 226 HILLCREST STREET ORLANDO, FL 32801		
DO NOT WRITE IN THIS SPACE		
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 restateing)</small> DATE _____		
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		
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: <i>Frances J Crofoot</i> 1-18-07 407-299-9188		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		