2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State

		***************************************	KEPOKI			, ,	secreta	пус)1 Su	aie
DOCUMENT # L05000002026						1	03-20-2007			
1. Entity Name BONEFISH LOT 7 LLC										
}				6						
,	e of Business		Mailing Address							
3540 FORES 203	ST HILL BLVD		3540 FOREST HILL BLV 203	'D						
	BEACH, FL 33406		WEST PALM BEACH, FL	33406			41151	HI ADIK TRUD I	 	
2. Principal Place of Business - No P.O. Box #		P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03072007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			 		oplied For ot Applicable		
Zip	Country	′	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Addr	ess of Current R	egistered Agent			7. Name and	Address of New I	Registered	Agent	
DENTRY, DEBORAH A					ame					
3540 FOR 203	EST HILL BLVD		St	treet Address (P.O. Box Numb	er is Not Acceptabl	e) 			
	LM BEACH, FL 33	3406								
				Ci	ity	· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	е
	named entity submits t tions of registered agen		the purpose of changing its	registered of	ffice or register	red agent, or bo	th, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE										
	Signature, typed or printed nam	e Alicenstered agent an	d tato d applicable (\$10TE	Decision and a	at cianat sa sparses					
		- Constitution again at	d the trappication. (NOTE	: Hegistered Ager	nii signature requirec	d when reinstating)		DATE		
Fi	iling Fee is \$50.0	0	uline il spinicavia. (NOTE	: Hegistered Ager	ili signature requirec	d when reinstating)		ke check p	payable to	
Fi	iling Fee is \$50.0 ue by May 1, 200	0	ч ше н аррисаоне. 4NOTE	Hegistered Ager	iii signaiside requirec	d when reinstating)		ke check p	payable to nent of Stat	e
9.	ue by May 1, 200	0	S/MANAGERS	10.	III signature required	i when reinstating)		e check p a Departm	ent of Stat	
D	MAN MGRM	0 7 IAGING MEMBER			II sagnature require.	when reinstating)	Florid	e check p a Departm	ent of Stat	e Addition
9. TITLE NAME STREET ADDRESS	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI	O 7 HAGING MEMBER AH A L BLVD #203	S/MANAGERS	10. TITLE NAME STREET ADD	DRESS	when reinstating)	Florid	e check p a Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC	O 7 HAGING MEMBER AH A L BLVD #203	S/MANAGERS Delete	10. TITLE NAME STREET ADI CITY-ST-ZI	DRESS	when reinstating)	Florid	e check p a Departm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406	S/MANAGERS	10. TITLE NAME STREET ADD	DRESS	when reinstating)	Florid	e check p a Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI	DRESS IP DRESS	when reinstating)	Florid	e check p a Departm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST-ZI	DRESS IP DRESS	when reinstating)	Florid	e check p a Departm	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI	DRESS IP DRESS	when reinstating)	Florid	e check p a Departm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI	DRESS UP DRESS UP DRESS	when reinstating)	Florid	e check p a Departm	Change	☐ Addition☐ Addition☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete 118	10. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST-ZI	DRESS UP DRESS UP DRESS	when reinstating)	Florid	e check p a Departm	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete	10. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI	DRESS UP DRESS UP DRESS	when reinstating)	Florid	e check p a Departm	Change	☐ Addition☐ Addition☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete 118	10. TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADI STREET ADI STREET ADI STREET ADI STREET ADI	DRESS UP DRESS UP DRESS UP	when reinstating)	Florid	e check p a Departm	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete 118	10. TITLE NAME STREET ADIC CITY-ST-ZI TITLE NAME STREET ADIC CITY-ST-ZI TITLE NAME STREET ADIC CITY-ST-ZI TITLE NAME NAME NAME	DRESS UP DRESS UP DRESS UP	when reinstating)	Florid	e check p a Departm	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete 118 Delete	10. TITLE NAME STREET ADIC CITY-ST-ZI TITLE NAME STREET ADIC TITLE NAME STREET ADIC CITY-ST-ZI TITLE NAME	DRESS DRESS DRESS UP DRESS IP	when reinstating)	Florid	e check p a Departm	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete 118 Delete	10. TITLE NAME STREET ADD CITY-ST-ZI TITLE	DRESS UP DRESS UP DRESS UP DRESS UP	when reinstating)	Florid	e check p a Departm	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete 118 Delete	10. TITLE NAME STREET ADIC CITY-ST-ZI TITLE NAME STREET ADIC TITLE NAME STREET ADIC CITY-ST-ZI TITLE TITL	DRESS UP DRESS UP DRESS UP DRESS UP	when reinstating)	Florid	e check p a Departm	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN MGRM DENTRY, DEBORA 3540 FOREST HILI WEST PALM BEAC MGRM MCNEAL, CLYDE 6269 SEDONA WAY	O 7 HAGING MEMBER AH A L BLVD #203 CH, FL 33406 O	S/MANAGERS Delete Delete 118 Delete Delete	10. TITLE NAME STREET ADD CITY-ST-ZI	DRESS UP DRESS UP DRESS UP DRESS UP DRESS UP	when reinstating)	Florid	e check p a Departm	Change Change Change	Addition Addition 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: Deleval Delty Debotch A Destry 3/17/07 56/433 48/0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Priors #