


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 30, 2006 8:00 am
Secretary of State

04-05-2006 90021 040 ****50.00

DOCUMENT # L06000026899 1. Entity Name BONNIE MINE ROAD, L.L.C.			
Principal Place of Business 1010 JORDAN RD LAKELAND FL 33811		Mailing Address 1010 JORDAN RD LAKELAND FL 33811	
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number EM 20-3722939		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, BARBARA A 1010 JORDAN RD LAKELAND, FL 33811		7. Name and Address of New Registered Agent 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 _____ <small>Signatures, printed in simplified format of registered agents with last 2 initials only. (NOTE: Registered Agents' signatures required when withdrawing)</small>			
FILE NOW!! FEE IS \$50.00. Make Check Payable to Florida Department of State. Due By May 1, 2006			
8. ADDITIONAL INFORMATION			
8A. EXISTING MEMBERS/MANAGERS		8B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Managing Member Barbara A Sanders 3455 Turnberry Dr. Lakeland FL 33803	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Managing Member Richard Neal Cline Jr. 4005 S Carter Rd Lakeland, FL 33905	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.			
SIGNATURE: <u>Barbara A. Sanders</u>		Date: <u>3/25/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	