

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048281

Entity Name: BON-AMI COMMONS, LLC

FILED
Sep 10, 2008
Secretary of State

Current Principal Place of Business:

20132 NOB OAK AVENUE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

20132 NOB OAK AVENUE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 34-2049034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

IRIARTE, GENEVA
20132 NOB OAK AVENUE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IRIARTE, GENEVA
Address: 20132 NOB OAK AVENUE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: ANTHONY, BARBARA
Address: P.O. BOX 3006
City-St-Zip: BRANDON, FL 33511

Title: VPT () Delete
Name: SANTOS, MARIA J
Address: 20132 NOB OAK AVENUE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WHITTAKER, BARBARA
Address: P.O. BOX 3006
City-St-Zip: BRANDON, FL 33509

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GENEVA IRIARTE

MGR

09/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date