


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L05000077658 1. Entity Name BONILLA-LOZANO & ASSOCIATES, LLC	
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Principal Place of Business 100 LAKEVIEW DRIVE APT 309 WESTON, FL 33326 US	Mailing Address 100 LAKEVIEW DRIVE APT 309 WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



05182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3265667	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BONILLA, ALFONSO
100 LAKEVIEW DRIVE APT 309
WESTON, FL 33326

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U00000760287
05/25/07-80003-036 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONILLA, ALFONSO 9091 DUPONT CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONILLA, MARIA E 9091 DUPONT CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTAGUT, CLAUDIA QUINTAS DEL MARQUEZ CASA 9C MOSQUERA, CUNDINAMARCA, CO 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZANO, ONEXIMO QUINTAS DEL MARQUEZ CASA 9C MOSQUERAS, CUNDINAMARCA, CO 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **ALFONSO BONILLA**, 05/18/07 (754) 423-6564

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