## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 26, 2008 8:00 am Secretary of State 03-26-2008 90115 012 \*\*\*138.75

Percept Place of Business	DOCUMENT # L05000077658  1. Entity Name BONILLA-LOZANO & ASSOCIATES, LLC									0.	3-20-2	000 2	01150	.12	150	.13	
Suite, Apt. 4, otc.	100 LAKEVIEW DRIVE APT 309			100 LAKEVIEW DRIVE APT 309				60017289									
Suite, Apt. 4, otc.	2. Principal F	Place of Busin	ness - No P.O. Box#	3. Mailing Address			<del>,</del>										
City & State  Country  Country  Country  Country  Country  Lop  Lop  Lop  Lop  Lop  Lop  Lop  Lo	Suite, Apt.	#, etc.		Suite Apt. #. etc.												a: 1() (65)	
Zip Country Zip Country				City & State				L			hg-LLC		CR2EC	083 (12/0	<u> </u>	lied For	
S. Certificate Stagus Desired   Fee Required June   S. Certificate Stagus Desired   Fee Required June   Sincert Address of Current Registered Agent   Sincert Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code											7				+		
BONILLA, ALFONSO 100 LAKEVIEW DRIVE APT 309 WESTON, FL 33326  City FL Zip Codo  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtions of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtion of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtion of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtion of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtion of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtion of registered agent, or both, in the State of Florida. I am familiar with, and accept the bedingtion of registered agent.  INTEL MORRIM  BONILLA ALFONSO  BONIL	Zip		Country	Zip	Count	try		5. (	Certifica	ite of St	atus Desi	red	4				
Sireet Address (P.O. Box Number is Not Acceptable)    Clay   FL   Zip Code	··-	6. Name	and Address of Current F	Registered Agent		Name		7. N	lame a	nd Add	ress of N	lew Re	gistered	Agent			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Flick	100 LAKEVIEW DRIVE APT 309																
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Flick			35- 			07								1 200			
THE DOBIGATIONS of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75   MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITIE  MGRM  BONILLA, ALFONSO  9.991 DUPONT CIRCLE  GITY-51-2P  WELLINGTON, FL 33414  DOBILLA, MARIA E  SIREET ADDRESS  GITY-51-2P  MGRM  BONILLA, MARIA E  SIREET ADDRESS  GITY-51-2P  MGRM  MONTAGUT. CLAUDIA  MGRM  MORTAGUT. CLAUDIA  MGRM  MONTAGUT. CLAUDIA  MGRM  MORTAGUT. CLAUDIA  MGRM  MORTAGUT. CLAUDIA  MGRM  MONTAGUT. CLAUDIA  MGRM  MONTAGUT. CLAUDIA  MGRM  MORTAGUT. CLAUDIA  MGRM  MORTAGUT. CLAUDIA  MGRM  MONTAGUT. CLAUDIA  MGRM  MONTAGUT. CLAUDIA  MGRM  MONTAGUT. CLAUDIA  MGRM  MGRM  MORTAGUT. CLAUDIA  MGRM						·								<u> </u>			
TILE NOW!II FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  MANAGING MEMBERS / MANAGERS  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS/CHANGES  TILE NAME BONILLA, ALFONSO 9091 DUPONT CIRCLE VELLINGTON, FL 33414  CITY-SI-2P WELLINGTON, FL 33414  CITY-SI-2P WELINGTON, FL 33414  TILE MGRM BONILLA, MARIA E 9091 DUPONT CIRCLE STREET ADDRESS 16300 Golf Club RD UNIT 618  WESTON, FL 33326  TILE MGRM BONILLA, MARIA E 9091 DUPONT CIRCLE STREET ADDRESS 16300 Golf Club RD UNIT 618  WESTON, FL 33326  TILE MGRM GONILLA, MARIA E 9091 DUPONT CIRCLE STREET ADDRESS 16300 Golf Club RD UNIT 618  WESTON, FL 33326  TILE MGRM GONILLA, MARIA E 9091 DUPONT CIRCLE STREET ADDRESS 16300 Golf Club RD UNIT 618  WESTON, FL 33326  TILE MGRM GONINA GOLF CLUB RD UNIT 618  WESTON, FL 33326  TILE MGRM GONINA GOLF CLUB RD UNIT 618  WESTON, FL 33326  TILE MGRM GONINA GOLF CLUB RD UNIT 618  WESTON, FL 33326  TILE MGRM GONINA GOLF CLUB RD UNIT 618  WESTON, FL 33326  TILE MARIA GOLF CLUB RD UNIT 618  WESTON, FL 33326  TILE MARIA GOLF CLUB RD UNIT 618  TILE MGRM GONINA GOLF CLUB RD UNIT 618  WESTON, FL 33326  TILE MARIA GOLF CLUB RD UNIT 618  TILE MGRM GONINA GOLF CLUB RD UNIT 618  WESTON, FL 33326  TILE MARIA GOLF CLUB RD UNIT 618  TILE MGRM GOLF CLUB RD UNIT 618  TIL				the purpose of changing its	registere	ed office c	r register	ed ag	ent, or l	ooth, in	the State	of Flori	da. lam	familiar w	ith, a	nd accept	
FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS   10. ADDITIONS/CHANGES   Addition	SIGNATURE	Circuit in the		4007	T. 6												
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  11   hereby certify that the storyalise supplies (since does not qualify for the exemptions contained in Change   Addition																	
NAME STREET ADDRESS CITY-ST-ZIP  11   Decembly certify that the information and the information contained in Chapter 119 Florida Statutes   further certify that the information contained in Chapter 119 Florida Statutes   further certify that the information	CITY-ST-ZIP				CITY-	-\$T-ZIP			_								
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11. I hereby certify that the information supplied with his 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 personnel of truestee amprovered to execute this report as required by Chapter 608, Florida Statutes.	CIŢY-ST-ZIP		1	a													
	11. I hereby of indicated limited lia	certify that the on this repo bility compa	e information supplied with rt is true and accurate and ny or the accive on trustee	his filing does not qualify for that my signature shall have ampowered to execute this	the exer the same report as	mptions co legal effe required	ontained oct as if m by Chapt	in Cha nade u ter 608	apter 11 inder oa 3, Floric	9, Floridath; that la Statu	da Statute t I am a r tes.	es. I furt managir	her certifing member	y that the er or man	inforr ager	nation of the	