
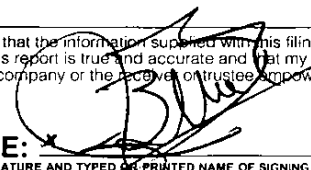


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90115 012 ***138.75

DOCUMENT # L05000077658					
1. Entity Name BONILLA-LOZANO & ASSOCIATES, LLC					
Principal Place of Business 100 LAKEVIEW DRIVE APT 309 WESTON, FL 33326 US			Mailing Address 100 LAKEVIEW DRIVE APT 309 WESTON, FL 33326 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3265667	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BONILLA, ALFONSO 100 LAKEVIEW DRIVE APT 309 WESTON, FL 33326			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONILLA, ALFONSO 9091 DUPONT CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16300 GOLF CLUB RD UNIT 618 WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONILLA, MARIA E 9091 DUPONT CIRCLE WELINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16300 GOLF CLUB RD UNIT 618 WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTAGUT, CLAUDIA QUINTAS DEL MARQUEZ CASA 9C MOSQUERA, CUNDINAMARCA, CO 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOZANO, ONEXIMO QUINTAS DEL MARQUEZ CASA 9C MOSQUERAS, CUNDINAMARCA, CO 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			03-24-08.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60017289



03222008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

FL

Zip Code

Make check payable to
Florida Department of State

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition