

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095853

FILED
Apr 24, 2007
Secretary of State

Entity Name: BONZ ENTERPRISES L.L.C.

Current Principal Place of Business:

230 NEWPORT AVE.
LONG BEACH, CA 90803

New Principal Place of Business:

Current Mailing Address:

230 NEWPORT AVE.
LONG BEACH, CA 90803

New Mailing Address:

FEI Number: 20-3738038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDINALE, FREDERICK P
2 BRUCE B DOWNS BLVD., STE. 111
TAMPA, FL 33613 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: MGRM () Delete
Name: NALBONE, CARL F
Address: 230 NEWPORT AVE.
City-St-Zip: LONG BEACH, CA 90803

Title: MGRM () Delete
Name: NALBONE, SANDRA E
Address: 4505 IRONWOOD DR
City-St-Zip: FLOWER MOUND, TX 75028

Title: MGRM () Delete
Name: NALBONE, STEVEN J
Address: 726 NUTMEG PLACE
City-St-Zip: FRANKLIN LAKES, NH 07417

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL NALBORNE

MGRM

04/24/2007

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