

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095853

FILED
Apr 24, 2008
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:

CARDINALE, FREDERICK P
14033 N DALE MABRY HWY
TAMPA, FL 33618 US

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:

04/24/2008

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 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: FREDERICK P CARDINALE

RA

04/24/2008

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