2007 LIMITED LIABILITY COMPAN ANNUAL REPORT

DOCUMENT # L05000105489

1. Entity Name

BONNIE'S BLT LLC

PALM BEACH, FL 33480

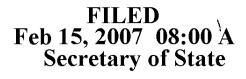
Principal Place of Business Mailing Address

325 SOUTH LAKE DRIVE 325 SOUTH LAKE DRIVE

6

DO NOT WRITE IN THIS SPACE

PALM BEACH, FL 33480





02082007 No Chg-LLC

CR2E083 (11/05)

Fee Required

E. Codificate of Status Desired	 \$5.0	0 Additional
20-3664100	Γ	Not Applicable
4. FEI Number	· [Applied For

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title d applicable

MESSINA, TONY 325 SOUTH LAKE DR. UNIT 6 PALM BEACH, FL 33480 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.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000637050 02/26/07-80045-007 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEMAN, BONNIE 325 SOUTH LAKE DR. UNIT 6 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-2IP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

-13-07 561-835-0058

Daytime Phone II