

FILED
Jan 17, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000117671

1. Entity Name
BONAVENTURES, LLC.



Principal Place of Business
**5055 WILES ROAD
12-104
COCONUT CREEK, FL 33073**

Mailing Address
**4101 CORAL TREE CIRCLE
#313
COCONUT CREEK, FL 33073**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4036461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SACCO, MICHAEL A
4101 CORAL TREE CIRCLE.
313
COCONUT CREEK, FL 33073**

**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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000589697
01/18/07-80027-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THOMAS, PATRICIA A
STREET ADDRESS	108-02 DITMARS BLVD
CITY-ST-ZIP	EAST ELMHURST, NY 11369
TITLE	MGR
NAME	JAUNAI, DAVID
STREET ADDRESS	64 FRANCES DRIVE
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/13/07