

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90008 038 \*\*\*\*50.00

**DOCUMENT # L05000123261**



1. Entity Name  
**BOUNTY ENTERPRISES, LLC**

20024463



Principal Place of Business <b>121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134</b>	Mailing Address <b>121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134</b>
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

03212006 Chg-LLC CR2E083 (11/05)

City & State	City & State
--------------	--------------

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
---------------	---

Zip	Country	Zip	Country
-----	---------	-----	---------

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE ALLEN MORRIS COMPANY**  
121 ALHAMBRA PLAZA, PH-1, STE 1600  
CORAL GABLES, FL 33134

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	MORRIS, W. ALLEN	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	121 ALHAMBRA PLAZA, PH-1, STE 1600				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
MGR	RENTZ, R. LARRY	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	121 ALHAMBRA PLAZA, PH-1, STE 1600				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
MGR	GRAHAM, DALE I	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	121 ALHAMBRA PLAZA, PH-1, STE 1600				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
MGR	GIL, YAZMAN	<input type="checkbox"/>		GIL, YAZMIN	<input checked="" type="checkbox"/>
STREET ADDRESS	121 ALHAMBRA PLAZA, PH-1, STE 1600				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-23-06 305-443-1000