


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000123261**

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



Principal Place of Business      Mailing Address

121 ALHAMBRA PLAZA, PH-1, STE 1600      121 ALHAMBRA PLAZA, PH-1, STE 1600  
 CORAL GABLES, FL 33134      CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, W. ALLEN 121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, DALE I 121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIL, YAZMIN 121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/15/07-80143-010 50.00

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: *[Handwritten Signature]*      3-28-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #