

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000069109 1. Entity Name BONINO INVESTMENT GROUP, LLC					
Principal Place of Business 123 ALTON ROAD MIAMI BEACH, FL 33139			Mailing Address 123 ALTON ROAD MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 755 41st street Suite, Apt. #, etc.		3. Mailing Address 755 41st street Suite, Apt. #, etc.			
City & State Miami Beach, Florida Zip 33140		City & State Miami Beach, Florida Zip 33140		4. FEI Number 20-5181604	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBAUM, BETTY 123 ALTON ROAD MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Rosenbaum International Law Firm, PA Street Address (P.O. Box Number is Not Acceptable) c/o Betty Rosenbaum 755 41st street City Miami Beach FL Zip Code 33140	
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 DATE 1/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBAUM, BETTY 123 ALTON ROAD MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rosenbaum, Betty 755 41st street Miami Beach, Florida 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date 1/7/08 Daytime Phone # 305-333-5598		