


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
03-27-2007 90199 015 \*\*\*\*\*55.00  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>DOCUMENT # L06000070711</b>					
1. Entity Name THE BONITA BAY GROUP WINE CLUB, LLC					
Principal Place of Business 9990 COCONUT ROAD, STE 200 BONITA SPRINGS, FL 34135			Mailing Address 9990 COCONUT ROAD, STE 200 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent RESOURCE CONSERVATION PROPERTIES, INC. 9990 COCONUT ROAD, STE 200 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name: <i>Pamela S. MacKie</i> Street Address (P.O. Box Number is Not Acceptable): <i>9990 Coconut Road</i> <i>Ste 200</i> City: <i>Bonita Springs</i> FL Zip Code: <i>34135</i>		
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: <i>Pamela S. MacKie</i> Director of Legal & Corporate Affairs 3-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BBG MILLENNIUM, INC. 9990 COCONUT ROAD, STE 200 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM New Leaf Management, INC 9990 Coconut Rd, Suite 200 Bonita Springs, FL 34135	<input checked="" 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
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: <i>Scott R. Whitney</i> 3-23-07 (235) 445-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

*Document corrected per Diane Murray. Doc*