

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075510

FILED
May 02, 2008
Secretary of State

Entity Name: BONTERRE OF VOLUSIA COUNTY, LLC

Current Principal Place of Business:

113 BONITA ROAD
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

113 BONITA ROAD
DEBARY, FL 32713

New Mailing Address:

FEI Number: 20-5304977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: CERVANTES, SERGIO
Address: 113 BONITA ROAD
City-St-Zip: DEBARY, FL 32713

Title: P () Delete
Name: BERRIOZABAL, YESENIA
Address: 113 BONITA ROAD
City-St-Zip: DEBARY, FL 32713

Title: MGR () Delete
Name: CLEM, JUDY
Address: 113 BONITA ROAD
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SERGIO CERVANTES

VP

05/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date