

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046750

Entity Name: BONAVENTURE, LLC

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

4908 NW 43RD STREET
SUITE F
GAINESVILLE, FL 32606

New Principal Place of Business:

3603 NW 98TH STREET
SUITE C
GAINESVILLE, FL 32606

Current Mailing Address:

4908 NW 43RD STREET
SUITE F
GAINESVILLE, FL 32606

New Mailing Address:

3603 NW 98TH STREET
SUITE C
GAINESVILLE, FL 32606

FEI Number: 26-0144729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLA, JOHN M
4908 NW 43RD STREET
SUITE F
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

PLA, JOHN M
3603 NW 98TH STREET
SUITE C
GAINESVILLE, FL 32606 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:

04/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLA, JOHN M
Address: 4908 NW 43RD STREET, SUITE F
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: PARKER, ERIC
Address: 2632 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLA, JOHN M
Address: 3603 NW 98TH STREET, SUITE C
City-St-Zip: GAINESVILLE, FL 32606

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: JOHN M. PLA

MGRM

04/09/2008

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