2008 LIMITED LIABILITY COMP ANNUAL REPORT

May 07, 2008 8:00 am Secretary of State DOCUMENT # L07000059223 1. Entity Name BONILLA INVESTMENTS LLC 04-03-2008 90072 002 ***143.75 Principal Place of Business Mailing Address 531 NW 76TH TERRACE 531 NW 76TH TERRACE HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #. etc. 03122008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required -6,-Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent BONILLA, GILBERT Street Address (P.O. Box Number is Not Acceptable) 531 NW 76TH TERRACE HOLLYWOOD, FL 33024 Pembrake Pines Zip Code 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 SIGNATURE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Change ☐ Addition **BONILLA, GILBERT** NAME STREET ADDRESS STREET ADDRESS 531 NW 76TH TERRACE CITY-ST-71P HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BONILLA, FRANCES R NAME NAME STREET ADDRESS 531 NW 76TH TERRACE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY:ST:ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.