

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023844

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** BONITA COVE DEVELOPERS, LLC

**Current Principal Place of Business:**

150 SE SECOND AVE., SUITE 1202  
MIAMI, FL 33131

**New Principal Place of Business:**

150 SE SECOND AVE.  
SUITE 1302  
MIAMI, FL 33131 US

**Current Mailing Address:**

150 SE SECOND AVE., SUITE 1202  
MIAMI, FL 33131

**New Mailing Address:**

150 SE SECOND AVE.  
SUITE 1302  
MIAMI, FL 33131 US

**FEI Number:** 26-4658738      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

WASHINGTON, LYNN C  
701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

WASHINGTON, LYNN C  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131 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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BISCAYNE HOUSING GROUP, LLC  
Address: 150 S.E. SECOND AVE., SUITE 1302  
City-St-Zip: MIAMI, FL 33131 US

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: GONZALO DERAMON

MRG

05/01/2009

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