

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082620

Entity Name: ANN BONNIE LLC

FILED  
Apr 05, 2009  
Secretary of State

**Current Principal Place of Business:**

2618 EDGEWATER DRIVE SUITE 500  
ORLANDO, FL 32804

**New Principal Place of Business:**

320 LAKEVIEW STREET  
217  
ORLANDO, FL 32804

**Current Mailing Address:**

2618 EDGEWATER DRIVE SUITE 500  
ORLANDO, FL 32804

**New Mailing Address:**

664 MONTICLAIR DRIVE  
MACON, GA 31210

FEI Number: 26-3571973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAKERT, BONNIE  
320 LAKEVIEW STREET APT 217  
ORLANDO, FL 32804 US

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

BAKERT, BONNIE A MGRM  
320 LAKEVIEW STREET  
217  
ORLANDO, FL 32804 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: BONNIE BAKERT

04/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAKERT, BONNIE  
Address: 320 LAKEVIEW STREET APT 217  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BAKERT, BONNIE A  
Address: 320 LAKEVIEW STREET, APT 217  
City-St-Zip: ORLANDO, FL 32804

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: BONNIE BAKERT

MGRM

04/05/2009

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