2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000001327

1. Entity Name

BONEFISH MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
VASILIOU & CO, INC 1000 SOUTH POINTE DR MIAMI BEACH FL 33139 US	VASILIOU & CO, INC 1000 SOUTH POINTE DR MIAMI BEACH FL 33139 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 58-2364190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVLIN, MARK L
MARK L. RIVLIN, P.A.
1550 MADRUGA AVENUE, SUITE 120
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VASILIOU, BASIL K		NAME		
STREET ADDRESS	230 PARK AVE. 7TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10163		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VASILIOU, JANE T		NAME		
STREET ADDRESS	230 PARK AVE. 7TH FLOOR		STREET ADDRESS	U00000456615	
CITY-ST-ZIP	NEW YORK NY 10163		CITY-ST-ZIP	03/16/06-80036-003 50.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 Section 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.

SIGNATURE: [signature] 1 March 2006