2nd and File on or before Sept. 29, 1999 or Limited Liability Company FINAL NOTICE: will be dissolved. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT 00 JAN 31 PM 1:51 Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address DOCUMENT_# ta. Principal Place of Business Address BONITA PARTNERS, LLC 110 SOUTH 2ND STREET, SUITE 132 110 SOUTH 2ND STREET, SUITE WAITE PARK FL 56387 WAITE PARK #L 56387 MN MN 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation Same 04/23/1998 MN Suite, Apt. #, etc. 4. FEI Number Sume Applied For -Not-Applicable APPLIED FOR 5. Date of Last Report 6. Certificate of Status Desired Zip Country Same \$8.75 Additional Fee Required rume 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name HEUERMAN, PAUL K ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ROETZEL & ANDRESS, L.P.A. 850 PARK SHORE DRIVE, THIRD FLOOR Suite, Apt. #, etc. NAPLES FL 34103 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 110 SOUTH 2ND STREET, SUIT WAITE PARK FLMN MGR LINDQUIST, RODNEY L SIE 56387 400003088884---01/05/00--01049--002

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

INHSE10 R (6/99)

LOUNCY LINDHUIST/M JUNSON /
AGING MEMBER OR MANAGER Dayline Ph

320-240-06

****588.75 ****588.79