


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

4 Jun 06, 2005 8:00 am
Secretary of State

04-26-2005 90013 039 *****5.00
06-06-2005 90559 007 *****50.00

DOCUMENT # M98000000398	
1. Entity Name BONITA PARTNERS, LLC	

Principal Place of Business 28600 TRAILS EDGE BLVD BONITA SPRINGS FL 34134	Mailing Address 24707 COUNTY RD 75 SAINT CLOUD MN 56301-8782
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent HEUERMAN, PAUL K ESQ. C/O ROETZEL & ANDRESS, L.P.A. 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES FL 34103	
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7. Name and Address of New Registered Agent Name R & A Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Paul K. Heuerman 850 Park Shore Drive, Third Floor City Naples FL Zip Code 34103	
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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 Paul K. Heuerman, Assistant Secretary DATE 2-14-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDQUIST, RODNEY L 110 SOUTH 2ND STREET, SUITE 132 WAITE PARK MN 56387 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] DATE 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE