

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90008 038 ****50.00

DOCUMENT # L05000123261



1. Entity Name
BOUNTY ENTERPRISES, LLC

20024463



| | |
|---|---|
| Principal Place of Business 121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134 | Mailing Address 121 ALHAMBRA PLAZA, PH-1, STE 1600 CORAL GABLES, FL 33134 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

03212006 Chg-LLC CR2E083 (11/05)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|---------------|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
|---------------|---|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE ALLEN MORRIS COMPANY
121 ALHAMBRA PLAZA, PH-1, STE 1600
CORAL GABLES, FL 33134

| | |
|--|----------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--------------------------------|--|-------------------------|--|
| TITLE | MGRM MORRIS, W. ALLEN <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | 121 ALHAMBRA PLAZA, PH-1, STE 1600 | NAME | |
| STREET ADDRESS | CORAL GABLES, FL 33134 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | RENTZ, R. LARRY | NAME | |
| STREET ADDRESS | 121 ALHAMBRA PLAZA, PH-1, STE 1600 | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | GRAHAM, DALE I | NAME | |
| STREET ADDRESS | 121 ALHAMBRA PLAZA, PH-1, STE 1600 | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | GIL, YAZMAN | NAME | GIL, YAZMIN |
| STREET ADDRESS | 121 ALHAMBRA PLAZA, PH-1, STE 1600 | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 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 Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-23-06 305-443-1000