


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000205 1. Entity Name BILARO, LLC	
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Principal Place of Business 12005 COLLIERS RESERVE DR NAPLES, FL 34110-0909	Mailing Address 12005 COLLIERS RESERVE DR NAPLES, FL 34110-0909
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04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3689949	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBARDS, WILLIAM T 12005 COLLIERS RESERVE DR NAPLES, FL 34110-0909
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**DO NOT WRITE
IN THIS SPACE**

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 _____

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

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBARDS, WILLIAM T 12005 COLLIERS RESERVE DRIVE NAPLES, FL 341100909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBARDS, LAURA S 12005 COLLIERS RESERVE DRIVE NAPLES, FL 341100909
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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: Laura Robards **LAURA ROBARDS** 4-27-06 **(502) 243-8180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #