


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90363 045 ****50.00

DOCUMENT # L01000000205	
1. Entity Name BILARO, LLC	

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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2. Principal Place of Business - No P.O. Box # 1340 REMINGTON WAY Suite, Apt. #, etc. UNIT 10202 City & State NAPLES, FL Zip 34110 Country USA	3. Mailing Address 3202 RIDGE BROOK CIRCLE Suite, Apt. #, etc. City & State LOUISVILLE, KY Zip 40245 Country USA
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05162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3689949		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBARDS, WILLIAM T 12005 COLLIERS RESERVE DR NAPLES, FL 34110-0909		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1340 REMINGTON WAY UNIT 10202 City NAPLES FL Zip Code 34110

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 September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBARDS, WILLIAM T 12005 COLLIERS RESERVE DRIVE NAPLES, FL 341100909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1340 REMINGTON WAY, UNIT 10202 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBARDS, LAURA S 12005 COLLIERS RESERVE DRIVE NAPLES, FL 341100909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1340 REMINGTON WAY, UNIT 10202 NAPLES, FL 34110
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 5-16-07 502-243-8180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #