

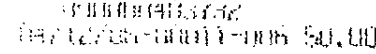


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000006321</b>						
1. Entity Name <b>BARDELS INVESTMENTS, LLC</b>						
Principal Place of Business <b>3930 INVERRARY BLVD. SUITE 201 LAUDERHILL, FL 33319</b>	Mailing Address <b>3930 INVERRARY BLVD. SUITE 201 LAUDERHILL, FL 33319</b>	  03102006 No Chg-LLC      CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>03-0417728</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired      <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>03-0417728</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent <b>WENSCHNEIDER, SIDNEY 3930 INVERRARY BLVD STE 201 FORT LAUDERDALE, FL 33319</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>						
9. <b>MANAGING MEMBERS/MANAGERS</b>		  <b>DO NOT WRITE IN THIS SPACE</b>  <b>PLEASE SIGN &amp; DATE</b>				
TITLE	<b>MGR</b>					
NAME	<b>WEINSCHNEIDER, SIDNEY</b>					
STREET ADDRESS	<b>3930 INVERRARY BLVD STE 201</b>					
CITY - ST - ZIP	<b>LAUDERHILL, FL 33319</b>					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
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CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
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:** Sidney Weinschneider      Sidney Weinschneider      3/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date      Daytime Phone #