


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039763 1. Entity Name BEST AMERICAN FINANCING, LLC	
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Principal Place of Business 102 BAYTREE CT. WINTER SPRINGS, FL 32708	Mailing Address 102 BAYTREE CT. WINTER SPRINGS, FL 32708
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07062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0340521	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 GARBAN, OMAR A 11640 BOGGY CREEK RD. ORLANDO, FL 32824
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 7, 2005**

U000000372253
07/11/05-80024-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARBAN, OMAR A 1140 BOGGY CREEK ROAD ORLANDO, FL 32824
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the register 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, OR AUTHORIZED REPRESENTATIVE

407-8516367
7-7-05 407-8516326

Date

Daytime Phone #