


2006 LIMITED LIABILITY-COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90008 015 ****55.00

DOCUMENT # L03000046140					
1. Entity Name BRADY RENTALS, LLC					
Principal Place of Business 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414			Mailing Address 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414		
2. Principal Place of Business		3. Mailing Address 12514 SHORELINE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. WELLINGTON			
City & State		City & State FLORIDA		4. FEI Number 20-0444616	
Zip		Zip 33414		Country USA	
6. Name and Address of Current Registered Agent SAUERBERG, ERIC M ESQ 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, EUGENE 13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>EUGENE BRADY</u>			Date: <u>26/04/2006</u>		Daytime Phone #: <u>561-7939661</u>