2006 LIMITED LIABILITY-COMPANY ANNUAL REPORT

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

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DOCUMENT # L03000046140 1. Entity Name BRADY RENTALS, LLC					05-09-2006 90008 015 ****55.00			
Principal Plac	e of Business	Mailing Address						
13539 FOUNTAINVIEW BOULEVARD WEST PALM BEACH, FL 33414		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. WEUN GTON		04272006	Chg-LLC	CR2E083 (11/)5)	
City & State		City & State		4. FEI Numb			Applied For	
		FLORIDA		20-044	4616		Not Applicable	
Zip	Country	33414	Country USA	5. Certificate	e of Status Desired	₩ \$5.00 Fee Rec	Additional uired	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Ro	egistered Agent		
SALIFRE	ERG, ERIC M ESQ		Name	Name				
200 VILLA	GE SQUARE CROSSING		Street Addre	ss (P.O. Box Numb	er is Not Acceptable)		
SUITE 102 PALM BEA	Z ACH GARDENS, FL 33410							
	·		City			FL Zip	Code	
	named entity submits this statement for	r the purpose of changing its r	egistered office or regi	istered agent, or bo	oth, in the State of Flo	:1	rith, and accept	
ine obligat	nons or registered agent.							
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SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agant signature req	guired when reinstating)		DATE		
F	Hing Fee is \$50.00 ue by May 1, 2006		Registered Agant signature reg	guired when reinstating)		DATE check payable Department of S		
9.	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE	RS/MANAGERS	Registered Agant signature reg	quired when reinstading)		check payable Department of S		
9.	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE		10.	gured when reinstating)	Florida	check payable Department of S	itate	
9. IIILE NAME	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGR BRADY, EUGENE	RS/MANAGERS	10. TITLE	gured when reinstating)	Florida	check payable Department of S	itate	
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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 of the receiver or trustife empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDGENE BRADY
SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE