

Jun 30 05 11:58a

Gosen and Kral

FILED^{0.2}Jul 18, 2005 08:00 AM
Secretary of State**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000052373	
1. Entity Name BRADENTON RENTAL UNITS, L.L.C.	

Principal Place of Business 4525 30TH ST. WEST BRADENTON, FL 34207	Mailing Address 540 KINGSTON COURT APOLLO BEACH, FL 33572
--	---



06302005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0075998	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

HARVEY, DAVID
640 KINGSTON COURT
APOLLO BEACH, FL 33572

**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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, STUART H 830 RIVER DRIVE GARFIELD, NJ 07026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, MARIANNE E 640 KINGSTON CT APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000873420
07/18/05-80014-023 55.00

**DO NOT WRITE
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Marianne Smith*

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

Date

Day the Photo is

7/12/05