

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90177 016 ****50.00

DOCUMENT # L04000029333

1. Entity Name

BJW RENTAL PROPERTIES, LLC



Principal Place of Business

**8320 NW 45TH CT.
LAUDERHILL FL 33351**

Mailing Address

**8320 NW 45TH CT.
LAUDERHILL FL 33351**

2. Principal Place of Business

*2160 NW 29th St.
#5*
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 267716
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Oakland Park, FL

City & State

Ft. Lauderdale, FL

Zip

33311

Country

USA

Zip

33326

Country

USA

4. FEI Number

32-0112642

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, LOUISE
2160 NW 29TH ST #5
OAKLAND PK FL 33311**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BOLT, JULIE**
STREET ADDRESS **PO BOX 451113**
CITY-ST-ZIP **SUNRISE FL 33345**

TITLE **MGR** ☐ Delete
NAME **BOLT, WAYMON**
STREET ADDRESS **PO BOX 451113**
CITY-ST-ZIP **SUNRISE FL 33345**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Bolt, Julie**
STREET ADDRESS **P.O. BOX 267716**
CITY-ST-ZIP **Ft. Lauderdale, FL 33326**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Bolt, Waymon**
STREET ADDRESS **P.O. BOX 267716**
CITY-ST-ZIP **Ft. Lauderdale, FL 33326**

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition
NAME **Robinson, Regina**
STREET ADDRESS **P.O. BOX 267716**
CITY-ST-ZIP **Ft. Lauderdale, FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

2/16/05 954-389-9700

Daytime Phone #