


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90288 031 ****50.00

DOCUMENT # L04000055792	
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1. Entity Name BEST RATE REALTY, LLC	Principal Place of Business 355 WHITFIELD ST UNIT 4 GUILFORD, CT 06437 US	Mailing Address 355 WHITFIELD ST UNIT 4 GUILFORD, CT 06437 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1202590	<input type="checkbox"/> 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 BURNS, PETER 501 S.E. 2ND STREET UNIT 1438 FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name <u>NRAI Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Suite 4</u> <u>2731 Executive Park Drive</u> City <u>Weston</u> , FL <u>33331</u>
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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 NRAI Services, Inc. by: Christen Eubank Christen Eubank, Asst. Sec. 3-22-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Peter Burns Peter Burns 3/14/05 203-453-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #