

APR-27-2006 12:18 FROM-

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90068 014 ****50.00

DOCUMENT # L04000067486					
1. Entry Name B & P RENTALS, LLC					
Principal Place of Business 7930 NW 36TH STREET 237 MIAMI, FL 33166 US			Mailing Address 7930 NW 36TH STREET 237 MIAMI, FL 33166 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 81-0655922	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, KEVIN I ESQ. 5741 SHERIDAN STREET HOLLYWOOD, FL 33021			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 entry 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 fee if applicable (NOTE: Registered Agent signature required when renewing) 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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUAREZ, PATRICIA		NAME		
STREET ADDRESS	7930 NW 36TH STREET, #237		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33166		CITY- ST- ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SUAREZ, ROLANDO		NAME		
STREET ADDRESS	7930 NW 36TH STREET, #237		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33166		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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>Rolando Suarez</u> 4-28-06 SIGNATURE AND TYPED OR PRINTED NAME OF BOHNS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					