



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90224 013 \*\*\*\*50.00

<b>DOCUMENT # L05000012495</b> 1. Entity Name BNE, L.C.					
Principal Place of Business 3470 SHORELINE CIRCLE PALM HARBOR, FL 34684			Mailing Address 3470 SHORELINE CIRCLE PALM HARBOR, FL 34684		
2. Principal Place of Business <b>3570 Shoreline Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>3570 Shoreline Circle</b> Suite, Apt. #, etc.			
City & State <b>Palm Harbor, FL 34684</b>		City & State <b>Palm Harbor, FL 34684</b>		4. FEI Number <b>20-2702284</b>	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'CONNOR, PATRICK M ESQ.</b> <b>C/O O'CONNOR &amp; ASSOCIATES</b> <b>1250 S. BELCHER ROAD, SUITE 160</b> <b>LARGO, FL 33771-5207</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Make check payable to <b>Florida Department of State</b>			
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	Mgr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Elena T. Flores Ramirez</b> <b>3570 Shoreline Circle</b> <b>Palm Harbor, FL 34684</b>	
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 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>Elena T. Flores Ramirez</u> <span style="float: right;">2/27/06 727-786-0839</span> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)</small>					