


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90146 039 ****50.00

DOCUMENT # L05000042335	
1. Entity Name BRADRENT, L.L.C.	

Principal Place of Business 2706 14TH STREET WEST BRADENTON, FL 34205	Mailing Address 2706 14TH STREET WEST BRADENTON, FL 34205
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20006236



2. Principal Place of Business 17611 WHITE TAIL CT Suite, Apt. #, etc.	3. Mailing Address 17611 WHITE TAIL CT Suite, Apt. #, etc.
City & State PARRISH, FL	City & State PARRISH, FL
Zip 34219	Country MANATEE

01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 345-50-4943	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SARVER, GREG 2706 14TH STREET WEST BRADENTON, FL 34205

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17611 WHITE TAIL CT City PARRISH, FL Zip Code 34219
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2006	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	MGRM SARVER, GREG 2706 14TH STREET WEST BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17611 WHITE TAIL CT PARRISH, FL 34219 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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>Stacey Sarver</u>	Date: <u>2/7/06</u>	Daytime Phone #: <u>941 776-9643</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		