


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90186 043 ****50.00

DOCUMENT # L05000045786	
1. Entity Name BAY WEST RENTALS, LLC	

Principal Place of Business 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 US	Mailing Address 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 US
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2. Principal Place of Business - No P.O. Box # 1920 Northgate Blvd Suite A7 Sarasota Florida 34234	3. Mailing Address 1920 Northgate Blvd Suite A7 Sarasota, FL 34234
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03222007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-2803430	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 PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	
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7. Name and Address of New Registered Agent Name Mario L. Comporetto Street Address (P.O. Box Number is Not Acceptable) 1920 Northgate Blvd Suite A7 Sarasota FL 34234	
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 Mario L. Comporetto DATE 3/22/07 (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	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	MGR COMPARETTO, MARIO 1920 NORTHGATE BLVD #A-7 SARASOTA, FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Mario L. Comporetto SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date _____ Daytime Phone # _____