


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90093 027 \*\*\*\*50.00

<b>DOCUMENT # L05000046642</b> 1. Entity Name <b>BEDFORD ENTERPRISES, LLC</b>					
Principal Place of Business <b>27 FLEMING CT PALM COAST, FL 32137</b>			Mailing Address <b>83 NICOLE LOOP STATEN ISLAND, NY 10301</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2606 East 15 Street</b> Suite, Apt. #, etc. <b>301</b>			
City & State Zip		City & State Zip		4. FEI Number <b>20-2834804</b>	
Country		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>SHNAYDER, EDWARD 27 FLEMING CT PALM COAST, FL 32137</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 <u><i>E. Shnyder</i></u> <b>E. Shnyder agent</b> <b>7/10/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GAVRILOV, ARTHUR 83 NICOLE LOOP STATEN ISLAND, NY 10301</b> <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.					
<b>SIGNATURE:</b> <u><i>E. Shnyder</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>7/10/06 718-648-4442</b> <small>Date Daytime Phone #</small>		

