


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 013 ****55.00

DOCUMENT # L06000011336

1. Entity Name
BASHFUL MANORS, L.L.C.



Principal Place of Business
**4289 DIAMOND DR.
 WESTON, FL 33331**

Mailing Address
**P.O. BOX 5645
 FORT LAUDERDALE, FL 33310**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



05042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
**TRANTALIS, DEAN J ESQ.
 2255 WILTON DR.
 WILTON MANORS, FL 33305**

7. Name and Address of New Registered Agent
 Name **Ronald A. Muscarella, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
4462 N. UNIVERSITY DR.
 City **Lauderhill** FL Zip Code **33351**

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 *Ronald A. Muscarella, CPA* DATE *5/4/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, GARRY 4289 DIAMOND DR. WESTON, FL 33331 <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: *X [Signature]* Date *06-8-07* Daytime Phone # *9548507986*
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)