## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000011336  1. Entity Name BASHFUL MANORS, L.L.C.								06-13-200′	7 90092 01:	3 ****5	5.00			
Principal Plac 4289 DIAMO		;	Mailing Address P.O. BOX 5645											
WESTON, FL	33331		FORT LAUDERDALE, FL 33310					EFIIR BITH BYIN BYIN FO	TI OTION IN ON ANOTO	1)1 <b>83</b> 1111 <b>1 1</b> 1111				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05042007	Chg-LLC	CR2E083	, ,				
City & State			City & State				4. FEI Numbe	0-49092	55 /		plied For Applicable			
Zip	Country		Zip	Coun	itry		5. Certificate of Status Desired \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
TRANTALIS, DEAN J ESQ.					Name Ronald A. Muscarella, CPA Street Address (P.O. Box Number is Not Acceptable)									
2255 WILTON DR. WILTON MANORS, FL 33305						4462 N. UNIVERSKY DR.								
					City Lander hill FL Zip Code 38351						51			
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE														
Filing Fee Is \$50.00 Due by September 14, 2007									te check pays					
Due :	y Septen	nber 14, 2007						Pioria	a Department	t or State	' l			
9.	,	MANAGING MEMBE	RS/MANAGERS				ADDITIONS/CHANGES							
IMF	MGR	CADDV	☐ Delete III							] Change	Addition			
NAME STREET ADDRESS	MARTIN, 4289 DIAN	MOND DR.	· · · · · · · · · · · · · · · · · · ·		EET ADDRESS						,			
CITY-ST-ZIP	WESTON,	FL 33331	CITY		-ST-ZIP									
TITLE			☐ Delete TIT							] Change	Addition			
NAME Street address			NA ST		EET ADDRESS									
CITY-ST-ZIP					-ST-ZIP									
TITLE				titu	Ε.	•				Change	☐ Addition			
NAME				NAM	te l									
STREET ADDRESS					EET ADDRESS '-ST-ZIP									
CITY-ST-ZIP			Delete	TITL						Change	Addition			
TITLE NAME	,		□ Delete	NAM	I .				<u>-</u>	_ Onlinge				
STREET ADDRESS				STRE	EET ADORESS									
CITY_ST; ZIP_				CITY	-ST-ZIP									
TITLE			☐ Delete	TITL NAM	1					] Change	Addition			
NAME STREET ADDRESS	!				EET ADDRESS						Ţ			
CITY-ST-ZIP				CITY	r-ST-ZIP									
TITLE			☐ Defete	TITL						] Change	☐ Addition			
NAME STREET ADDRESS				NAM STRI	RE EET ADORESS									
CITY-ST-ZIP					-ST-ZIP									
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 eath; that I am a managing member or manager of the														
limited lia	ability compar	ny or the receiver or trustee	empowered to execute this	indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.										

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE