


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

06-13-2007 90092 014 \*\*\*\*55.00

DOCUMENT # L06000011338					
1. Entity Name BASHFUL GARDENS, 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4909298	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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: <i>Ronald A. Muscarella, CPA</i> Street Address (P.O. Box Number is Not Acceptable): <i>4462 N. UNIVERSITY DR.</i> City: <i>Lauderhill</i> FL Zip Code: <i>33351</i>		
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: <i>Ronald A. Muscarella, CPA</i> DATE: <i>5/4/7</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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: <i>[Signature]</i>			Date: <i>06-03-07</i>		Daytime Phone #: <i>9548507986</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					