
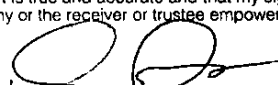


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 17 PM 4:45

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| DOCUMENT # L07000044267  |  |  |   |                |  |
| 1. Entity Name<br><b>A BEST PARTY RENTAL &amp; TENTS LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>1770 WEST 38TH PLACE<br/>HIALEAH, FL 33012</b>   |  |  | Mailing Address<br><b>1770 WEST 38TH PLACE<br/>HIALEAH, FL 33012</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1776 West 38 Place</b>  |  | 3. Mailing Address<br><b>1776 West 38 Place</b>  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State<br><b>Hialeah Florida</b>   |  | City & State<br><b>Hialeah Florida</b>   |   | 4. FEI Number<br><b>33-1167004</b>  |  |
| Zip<br><b>33012</b>  |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALEXANDER, PEREZ<br/>1770 WEST 38TH PLACE<br/>HIALEAH, FL 33012</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1776 West 38 Place</b><br>City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | Make check payable to<br><b>Florida Department of State</b>                                     |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PEREZ, ALEXANDER<br>1770 WEST 38TH PLACE<br>HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM, MGR, PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>PEREZ, ALEXANDER A.<br>1776 West 38 Place<br>Hialeah Fl 33012                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM, VICE-PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>PEREZ, TERESA MAITE<br>1776 West 38 Place<br>Hialeah Fl 33012                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>900136162809</b><br><b>09/19/08--01048--023 **138.75</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |  | Date <b>9/8/2008</b> (305) 362-9139  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Daytime Phone #  |   |   |  |