
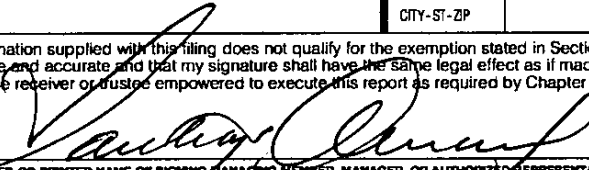


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90017 027 ****50.00

DOCUMENT # L02000006213						
1. Entity Name INVERRARY RENTALS, L.L.C.						
Principal Place of Business 2929 NW 56 AVE LAUDERHILL, FL 33313			Mailing Address 4225 WEST 16TH AVE 2ND FLOOR HIALEAH, FL 33012			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 41-2032401				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ALVAREZ, SANTIAGO J 4225 WEST 16TH AVE 2ND FLOOR HIALEAH, FL 33012			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>						
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, VIVIAN P	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS	4225 WEST 16TH AVE 2ND FLOOR			STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP		
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, RAMON	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS	4225 WEST 16TH AVE 2ND FLOOR			STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP		
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, SANTIAGO J	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS	4225 WEST 16TH AVE 2ND FLOOR			STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				4/5/05 3058213241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		