

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-14-2003 90061 050 ****50.00

DOCUMENT # L02000006213
1. Entity Name
INVERRARY RENTALS, L.L.C.



Principal Place of Business
**7631 S.W. 59TH AVE.
SOUTH MIAMI FL 33143**

Mailing Address
**7631 S.W. 59TH AVE.
SOUTH MIAMI FL 33143**

2. Principal Place of Business
2929 NW 56 Avenue
Suite, Apt. #, etc.

3. Mailing Address
4225 West 16th Avenue
Suite, Apt. #, etc.
2nd Floor

City & State
Lauderhill, FL

City & State
Hialeah, FL

Zip Country
33313 USA

Zip Country
33012 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
41-2032401

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALVAREZ, SANTIAGO J
7631 S.W. 59TH AVE.
SOUTH MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name
Santiago J. Alvarez

Street Address (P.O. Box Number is Not Acceptable)
4225 West 16th Avenue, 2nd Floor

City
Hialeah

FL Zip Code
33012

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]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Vivian P. Garcia 4225 West 16th Avenue, 2nd Floor Hialeah, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ramon Garcia 4225 West 16th Avenue, 2nd Floor Hialeah, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Santiago J. Alvarez 4225 West 16th Avenue, 2nd Floor Hialeah, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3015-821-3241
11/01 Daytime Phone #