


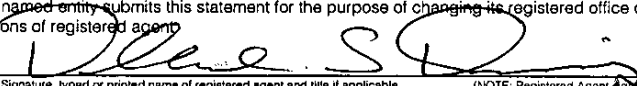
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90102 034 ****55.00

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DOCUMENT # L04000071024					
1. Entity Name RENTING SPACES, LLC					
Principal Place of Business 10500 BINKY LANE BONITA SPRINGS, FL 34135		Mailing Address 10500 BINKY LANE BONITA SPRINGS, FL 34135			
2. Principal Place of Business		3. Mailing Address PO Box 1333			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Bonita Springs, FL		4. FEI Number 20-1691475	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
		34133	US	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DENNIS, DUANE 10500 BINKY LANE BONITA SPRINGS, FL 34135			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 1-11-05	
Signature, typed 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 May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENNIS, DUANE	NAME			
STREET ADDRESS	10500 BINKY LANE	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	General member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Dennis, Kimberly		
STREET ADDRESS		STREET ADDRESS	10500 Binky Lane		
CITY-ST-ZIP		CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	<input type="checkbox"/> Delete	TITLE	General member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	SHAWENS, DONALD		
STREET ADDRESS		STREET ADDRESS	27731 Harold Street		
CITY-ST-ZIP		CITY-ST-ZIP	Bonita Springs, FL 34135		
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: Kimberly Dennis - Kimberly Dennis		Date		Daytime Phone #	
		1-11-05		(239) 598-3004	