## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J91245

Title:

Name:

Address:

City-St-Zip:

FILED Aug 04, 2004 Secretary of State

Entity Name: RENTAL LIABILITY MANAGEMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 200 S. ANDREWS AVENUE 200 S. ANDREWS AVENUE 11TH FLOOR 10TH FLOOR FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 US **Current Mailing Address:** New Mailing Address: 200 S. ANDREWS AVENUE 200 S. ANDREWS AVENUE 11TH FLOOR 10TH FLOOR FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 US FEI Number: 59-2852741 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVS () Delete Title: (X) Change ( ) Addition SCHWARTZ, HOWARD D CHAPMAN, JOHN W Name: Name: 200 S. ANDREWS AVENUE 200 S. ANDREWS AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 US City-St-Zip: FORT LAUDERDALE, FL 33301 US Title: DV (X) Delete Title: () Change () Addition LAUX, DOUGLAS C Name: Name: 200 S. ANDREWS AVENUE Address: Address: FT. LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip: Title: Title: DVT (X) Delete () Change () Addition WILSON, LELAND F Name: Name: 200 S ANDREWS AVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN W. CHAPMAN P 08/04/2004

(X) Delete

PLAMONDON, WILLIAM N

200 S. ANDREWS AVENUE

FORT LAUDERDALE, FL 33301

() Change () Addition