

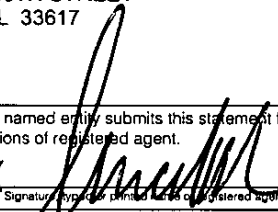
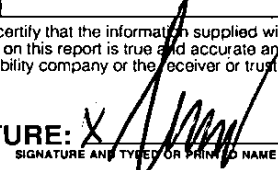


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90140 005 \*\*\*\*\*55.00

<b>DOCUMENT # L00000005744</b> 1. Entity Name <b>OAKS RENTING II, L.C.</b>					
Principal Place of Business <b>12108 N. 56TH STREET SUITE 3 AND 5 TAMPA, FL 33617</b>			Mailing Address <b>12108 N. 56TH STREET SUITE 3 AND 5 TAMPA, FL 33617</b>		
2. Principal Place of Business <b>2901 W. Busch Blvd</b> Suite, Apt. #, etc. <b>#901</b> City & State <b>Tampa, Florida</b> Zip Country <b>33618 USA</b>		3. Mailing Address <b>2901 W. Busch Blvd</b> Suite, Apt. #, etc. <b>901</b> City & State <b>Tampa, Florida</b> Zip Country <b>33618 USA</b>			
01112005 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>59-3647615</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>OAKS RENTING INC 12108 N. 56TH STREET TAMPA, FL 33617</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2901 W. Busch Blvd #901</b> City State Zip Code <b>Tampa FL 33618</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  <b>Vincent Bekiempis</b> 1/20/05 <small>(NOTE: Registered Agent signature required when rehashing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEKIEMPIS, VINCENT 12108 N. 56TH STREET TAMPA, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2901 W. Busch Blvd #901 Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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"/> Delete	<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"/> Delete	<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"/> Delete	<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:  <b>Vincent Bekiempis</b> (813) 915-9727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					