2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

01-19-2007 90062 037 ****50.00

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1. Entity Name
SOUTH TAMPA RENTALS, L.L.C.

Principal Place of Business	Mailing Address
313 S. HOWARD AVENUE TAMPA, FL 33606	313 S. HOWARD AVENUE TAMPA, FL 33606

01122007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		P.O. Box 2290	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: TAMPA, FL	
Zip	Country	Zip: 33601	Country: US.

4. FEI Number: 59-3701244 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KANE, FRANK
313 S. HOWARD AVENUE
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name: KANE, FRANK
Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 2290~~ 4963 BAYSHORE BLVD
City: TAMPA FL Zip Code: 33611 ~~33601~~

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, 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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	KANE, FRANK		NAME	KANE, FRANK	
STREET ADDRESS	313 S. HOWARD AVENUE		STREET ADDRESS	P.O. Box 2290	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33601	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemptions contained in Chapter 119, 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: Paul Kane 1-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #