

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007979

Entity Name: BURTON RENTALS, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

334 SONJA CIRCLE
DAVENPORT, FL 33837

New Principal Place of Business:

519 SONJA CIRCLE
DAVENPORT, FL 33837

Current Mailing Address:

334 SONJA CIRCLE
DAVENPORT, FL 33837

New Mailing Address:

519 SONJA CIRCLE
DAVENPORT, FL 33837

FEI Number: 59-3722046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURTON, SANDRA M
Address: 334 SONJA CIRCLE
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM () Delete
Name: BURTON, GAUNTLETT
Address: 334 SONJA CIRCLE
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURTON, SANDRA M
Address: 519 SONJA CIRCLE
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM (X) Change () Addition
Name: BURTON, GAUNTLETT
Address: 519SONJA CIRCLE
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDRA BURTON

MGR

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date