## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 16, 2004 08:00 AM Secretary of State **DOCUMENT # L01000009448** 1. Entity Name JJRENTS, LLC Principal Place of Business Mailing Address 1501 STADIUM COURT 1229 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33971 01272004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1113322 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent MARTIN, JOHN M DO NOT WRITE 1501 STADIUM COURT LEHIGH ACRES, FL 33971 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or expistered agont or both in the State of Florida. I am familiar with and accept the obligations of registered agent SIGNATURE Signator typed in yound have of registered again and rate of application. TWO'TE fleature on Acute your retriet man when constability U00000053461 Filing Fee is \$50.00 Due by May 1, 2004 02/16/04-80133-002 50.00 MANAGING MEMBERS/MANAG IRS 9. MGRM THILE NAME MARTIN, JOHN M 1501 STADIUM COURT STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33971 MGRM TITLE MARTIN, JOHN C NAME 9111 SAN CARLOS BLVD, STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 TITLE 11411 STREET ADDRESS DO NOT WRITE CHY-SI-ZIP IN THIS SPACE TETLE NAME STREET ACCIPESS CTTY-S1-ZIP RRE NAME STREET ADDRESS

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 it 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

CITY-ST-ZIP
TRILE
NAME
STREET ADDRESS
CRIY-ST-ZIP

2/10/04

239561844

Daytime Phone #

**FILED**