


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90039 028 \*\*\*\*50.00

<b>DOCUMENT # L01000009448</b> 1. Entity Name <b>J J RENTS, LLC</b>					
Principal Place of Business <b>1229 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33936</b>			Mailing Address <b>1100 DOROTHY AVE N LEHIGH ACRES, FL 33971</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>3105 Whitchart Lane</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Apex NC</b> Zip <b>27539</b>		4. FEI Number <b>65-1113322</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
03082007 Chg-LLC CR2E083 (12/06)					
<b>6. Name and Address of Current Registered Agent</b> <b>MARTIN, JOHN M 1100 DOROTHY AVE N LEHIGH ACRES, FL 33971</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>John C Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>326 Jefferson Ave</b> City <b>Lehigh Acres</b> <b>FL</b> Zip Code <b>33972</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, JOHN M 1100 DOROTHY AVE N LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, JOHN M 3105 Whitchart Lane Apex NC 27539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, JOHN C 9111 SAN CARLOS BLVD. FT. MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, JOHN C 326 Jefferson Ave Lehigh Acres FL 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/14/07</b> Daytime Phone #		