

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010984

Entity Name: RENTAL PROPERTIES, LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

3335 AVOCADO DRIVE  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3335 AVOCADO DRIVE  
FT. MYERS, FL 33901

**New Mailing Address:**

1560 MATTHEW DRIVE  
SUITE C  
FT. MYERS, FL 33907

FEI Number: 65-1139949      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:**

BLASENA, TODD  
3335 AVOCADO DRIVE  
FT. MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

BLASENA, TODD  
1560 MATTHEW DRIVE  
SUITE C  
FT. MYERS, FL 33907      US

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: TODD BLASENA

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BLASENA, TODD  
Address: 3335 AVOCADO DRIVE  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BLASENA, TODD  
Address: 1560 MATTHEW DRIVE, SUITE C  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD BLASENA

MGRM

05/01/2006

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