


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000012253</b> 1. Entity Name PALM RENTAL, LLC	
--	---

Principal Place of Business 18840 5TH STREET SW LUTZ, FL 33548	Mailing Address 935 MAIN STREET, SUITE D-1 C/O HARRY H. RABB SAFETY HARBOR, FL 34695
--	---

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3736628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RABB, HARRY H CPA  
935 MAIN STREET, STE D-1  
SAFETY HARBOR, FL 34695

**DO NOT WRITE  
IN THIS SPACE**

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**

000000692876  
04/16/07-80017-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARVEY, JAMES P 18840 5TH STREET SW LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARSAMES, LOUIS J 7311 PELICAN ISLAND DR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:   4/4/07 (83) 8065432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

