2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L02000006674

1. Entity Name
CORAL SPRINGS RENTALS, L.L.C.

Principal Place of Business	Mailing Address
9607 TRITON CT. BOCA RATON, FL 33434	9607 TRITON CT. BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3625009
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERY, RONALD J
9607 TRITON COURT
BOCA RATON, FL 33434

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JEFFERY, RONALD J
STREET ADDRESS	9607 TRITON CT.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	CORDOBA, JAMES R
STREET ADDRESS	7045 NW 40TH COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	MGRM
NAME	LANGE, ROBERT A
STREET ADDRESS	3000 NE 48TH COURT #401
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	MGRM
NAME	JEFFERY, SHERRI L
STREET ADDRESS	9607 TRITON COURT
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80025-020 50.00

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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.

SIGNATURE: _____ 1-4-06 561-414-9706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #