2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# L02000007962

Entity Name: REKAT RENTALS, LLC

Current Principal Place of Business:

10100 S. US #1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10100 S. US #1
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 01-0651997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAKER, CHRISTOPHER A
10100 S. US #1
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STAKER, CHRISTINE W
Address: 10100 S. FEDERAL HWY.
City-St-Zip: PORT ST. LUCIE, FL

Title: MGRM ( ) Delete
Name: STAKER, CHRISTOPHER A
Address: 10100 S. FEDERAL HWY
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, CHRISTINE W
Address: 10100 S. FEDERAL HWY.
City-St-Zip: PORT ST. LUCIE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE L WILLIAMS MEMB 03/27/2006

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