


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90087 005 ****50.00

DOCUMENT # L02000011102

1. Entity Name
FLORIDA RENTAL PROPERTIES, LLC



Principal Place of Business
**1111 PLAZA DR. #430
 SCHAUMBURG, IL 60173**

Mailing Address
**1111 PLAZA DR. #430
 SCHAUMBURG, IL 60173**



2. Principal Place of Business
ONE PIERCE PLACE

3. Mailing Address
ONE PIERCE PLACE

Suite, Apt. #, etc.
460E

07232004 Chg-LLC CR2E083 (10/03)

City & State
ITASCA, IL

City & State
ITASCA, IL

4. FEI Number
35-2168574

Applied For
 Not Applicable

Zip
60143

Country
DuPage

Zip
60143

Country
DuPage

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 660 EAST JEFFERSON STREET
 TALLAHASSEE, FL 32301-0000**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLBENNETT LLC. BUSINESS TRUST #3 1111 PLAZA DRIVE STE 430 SCHAUMBURG, IL 60173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEANARDI, JOHN M 526 MALL DRIVE SCHAUMBURG, IL 60173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STILLWELL, MARTIN C 526 MALL DRIVE SCHAUMBURG, IL 60173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWSON FAMILY PARTNERSHIP 526 MALL DRIVE SCHAUMBURG, IL 60173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOTARI, GARY 5326 SW 22ND PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLBENNETT LLC BUSINESS TRUST #3 One Pierce Place, Ste. 460E Itasca, IL 60143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **8/30/04 847-477-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #