


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011102 1. Entity Name FLORIDA RENTAL PROPERTIES, LLC	
---	---

Principal Place of Business ONE PIERCE PLACE 460E ITASCA, IL 60143	Mailing Address ONE PIERCE PLACE 460E ITASCA, IL 60143
---	---



01102006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2168574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2960

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLBENNETT LLC. BUSINESS TRUST #3 ONE PIERCE PLACE, STE 460E ITASCA, IL 60143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARDI, JOHN M 526 MALL DRIVE SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STILLWELL, MARTIN C 526 MALL DRIVE SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAWSON FAMILY PARTNERSHIP 526 MALL DRIVE SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOTARI, GARY 5326 SW 22ND PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/04/06-80036-008 50.00

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: *[Signature]* Date: 3/1/06 Daytime Phone #: 847-605-46
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE