


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
Feb 03, 2005 08:00 AM  
Secretary of State

DOCUMENT # L02000016258 1. Entity Name MEDLEY RENTALS, LLC.	
---	---

Principal Place of Business C/O MRS. CAROL KIMMONS 7551 NW 72 AVENUE MEDLEY, FL 33166	Mailing Address C/O MRS. CAROL KIMMONS 7551 NW 72 AVENUE MEDLEY, FL 33166
--	--

DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0098438	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

KIMMONS, MARVIN J MR  
225 NAVAJO STREET  
MIAMI, FL 33166

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROPERTY SUPPORT SERVICES LLC 7551 NW 72 AVENUE MIAMI, FL 33166
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000213751  
02/03/05-80083-013 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Carol Kimmons* Carol Kimmons 1-25-05 888-0282 (305)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #