2007 LIMITE DESABILITY COMPANY ANN PAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000022045

Entity Name

R.J.M. RENTALS L.L.C.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

1949 SOUTHEAST 16TH COURT LAUDERDALE BY THE SEA, FL 33062 Mailing Address

1949 SOUTHEAST 16TH COURT LAUDERDALE BY THE SEA, FL 33062



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPALBO, RICHARD M 1949 SOUTHEAST 16TH COURT LAUDERDALE BY THE SEA, FL 33062

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. If 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 May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	CAPALBO, RICHARD M		U00000578547
STREET ADDRESS CITY-ST-ZIP	1949 SOUTHEAST 16TH COURT LAUDERDALE BY THE SEA, FL 33062		01/09/07-80033-023 50.00
	LAUDENDALE BY THE SEA, TE 33002		
TITLE NAME			
STREET ADDRESS		l l	
CITY-ST-ZIP			
TITLE		<u> </u>	
NAME		i	
STREET ADDRESS		l no	NOT WRITE
CITY-ST-ZIP			HOI WILL
TITLE		i N	THIS SPACE

11. I hereby certify that the information supplied with this filling 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 companyor tree receiver or true per empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/4/07

954-462-2644

Daylime Phone #