

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022449

**FILED**  
**Jan 08, 2007**  
**Secretary of State**

**Entity Name:** SCOTT AND JOSH RENTAL L. L. C.

**Current Principal Place of Business:**

2825 LEWIS SPEEDWAY  
SUITE 104  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

2801 COASTAL HIGHWAY  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

2825 LEWIS SPEEDWAY  
SUITE 104  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

2801 COASTAL HIGHWAY  
SUITE 104  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** 05-0534807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, CHARLES K  
2825 LEWIS SPEEDWAY  
SUITE 104  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

SMITH, CHARLES K  
2801 COASTAL HIGHWAY  
ST. AUGUSTINE, FL 32084 US

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:

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, CHARLES K  
Address: 2825 LEWIS SPEEDWAY #104  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, CHARLES K  
Address: 2801 COASTAL HIGHWAY  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: CHARLES K. SMITH

MGRM

01/08/2007

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