2005 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # L02000034794

FILED Jan 27, 2005 08:00 AM Secretary of State

Principal Place of Business 1502 SUNKIST WAY FT. MYERS, FL 33905

B AND P RENTALS, LLC

Mailing Address 1502 SUNKIST WAY FT. MYERS, FL 33905



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0050729

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, WILLIAM R SR 1502 SUNKIST WAY FT. MYERS, FL 33905

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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating). DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, WILLIAM R 1502 SUNKIST WAY FT. MYERS, FL 33905	U00000200245 01/28/05-80015-016 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, PORTIA A 1502 SUNKIST WAY FT. MYERS, FL 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE