


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90096 034 \*\*\*\*55.00

<b>DOCUMENT # L03000017313</b>	
1. Entity Name <b>WORLD RENTALS AND SALES, LLC</b>	

Principal Place of Business <b>360 OCEAN BOULEVARD GOLDEN BEACH, FL 33160</b>	Mailing Address <b>360 OCEAN BOULEVARD GOLDEN BEACH, FL 33160</b>
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**24085701**



2. Principal Place of Business <b>1441 S.W. 33 PL.</b>	3. Mailing Address <b>1441 S.W. 33 PL.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09172004 Chg-LLC CR2E083 (10/03)

City & State <b>FT. LAUDERDALE, FL</b>	City & State <b>FT. LAUDERDALE, FL</b>
Zip <b>33315</b>	Country <b>BROWARD</b>

4. FEL Number <b>20-0064107</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>BURGER &amp; TRAILOR, P.A. 8603 SOUTH DIXIE HIGHWAY SUITE 303 MIAMI, FL 33143</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER CRUZ R. RODRIGUEZ 360 OCEAN BLVD GOLDEN BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/TREASURER ROY RODRIGUEZ 1034 N. NORTHLAKE DR HOLLYWOOD, FL 33019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT ROBERT RODRIGUEZ 360 OCEAN BLVD. GOLDEN BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that no 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Sect/Treasurer*

**9/17/04 954-522-8658**

Daytime Phone #