


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000020854**

1. Entity Name  
**R.J. RENTALS, LLC**



Principal Place of Business <b>18290 PAULSON DR., UNIT B-4          PORT CHARLOTTE, FL 33954</b>	Mailing Address <b>18290 PAULSON DR., UNIT B-4          PORT CHARLOTTE, FL 33954</b>
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03292005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1197339</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

**HOLMES, DAVID A ESQ  
 FARR, FARR, EMERICH, ET AL  
 99 NESBIT ST.  
 PUNTA GORDA, FL 33950-3636**

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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 \_\_\_\_\_  
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 JAWORSKI, GARY C 2393 DANDO ST PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAWORSKI, ROBIN E 2393 DANDO ST PORT CHARLOTTE, FL 33948
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 03/31/05-80055-015 50.00

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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 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:** *Robin Jaworski* **3-29-05 941-627-6887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #