

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020854

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: R.J. RENTALS, LLC

**Current Principal Place of Business:**

18290 PAULSON DR., UNIT B-4  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

616 TAMIAMI TRAIL UNIT A  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

18290 PAULSON DR., UNIT B-4  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

616 TAMIAMI TRAIL UNIT A  
PORT CHARLOTTE, FL 33953

FEI Number: 65-1197339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLMES, DAVID A ESQ  
FARR, FARR, EMERICH, ET AL  
99 NESBIT ST.  
PUNTA GORDA, FL 339503636 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JAWORSKI, GARY C  
Address: 2393 DANDO ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR ( ) Delete  
Name: JAWORSKI, ROBIN E  
Address: 2393 DANDO ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBIN E JAWORSKI

MGR

04/17/2006

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