2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000035394

1. Entity Name
AMERICAN RENTAL PROPERTIES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:07

Principal Place of Business	Mailing Address
P.O. BOX 171 BOKEELIA, FL 33922	P.O. BOX 171 BOKEELIA, FL 33922

10132006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
16151 McNeff Road Suite, Apt. #, etc.	16151 McNeff Road Suite, Apt. #, etc.
City & State BOKEELIA, FL	City & State BOKEELIA FL
Zip / Country	Zip / Country

4. FEI Number 01-0875752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, GERALD 2460 PALM AVENUE FORT MYERS, FL 33916 change	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, if changing registered agent (Registered agent must sign) (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR THOAMS, GERALD 2460 PALM AVENUE FORT MYERS, FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	address only 16151 McNeff Road Bokeelia, Fl 33922	☒ Change ☐ Add'tion
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	500080927565 10/17/06--01048--007 **150.00	☐ Change ☐ Add'tion
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add'tion

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gerald G. Thomas GERALD THOMAS 10/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date