

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-06-2004 90131 011 ****50.00

DOCUMENT # L03000036661 1. Entity Name COMPASS RENTAL MANAGEMENT, L.L.C.																											
Principal Place of Business 5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715		Mailing Address 5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 111 Second Ave NE Suite, Apt. #, etc. Suite 1001 City & State St Petersburg FL Zip 33701 Country USA																									
4. FEI Number 90-0110482		02102004 Chg-LLC CR2E083 (10/03) Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent SUTTER, HEATHER M 5901 SUN BLVD., SUITE 105 ST. PETERSBURG, FL 33715																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 111 Second Ave NE Suite 1001 City St Petersburg FL Zip Code 33701		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 Managing member 3/8/04 <small>(NOTE: Registered Agent signature required when reappointing)</small>																									
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THE SUTTER GROUP, L.L.C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5901 SUN BLVD., SUITE 105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 33715</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	THE SUTTER GROUP, L.L.C.		STREET ADDRESS	5901 SUN BLVD., SUITE 105		CITY-ST-ZIP	ST. PETERSBURG, FL 33715		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">111 Second Ave NE Suite 1001</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>St Petersburg FL 33701</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	111 Second Ave NE Suite 1001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	St Petersburg FL 33701		STREET ADDRESS			CITY-ST-ZIP		
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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: Managing member 3/8/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		(727) 846-1112 <small>Daytime Phone #</small>																									