2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000038305

1. Entity Name
INTERCOASTAL RENTAL, L.L.C.

Principal Place of Business	Mailing Address
7139 NORTH U.S. HIGHWAY 1 PORT ST. JOHN, FL 32927	7139 NORTH U.S. HIGHWAY 1 PORT ST. JOHN, FL 32927

DO NOT WRITE IN THIS SPACE

04252005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
52-2405187	Not Applicable

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

6. Name and Address of Current Registered Agent

RAVINDRAN, AMBIKA
7139 NORTH U.S. HIGHWAY 1
PORT ST. JOHN, FL 32927

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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 _____

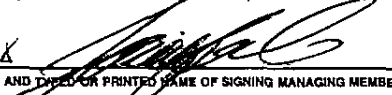Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $50.00
Due by May 1, 2005**

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAVINDRAN, AMBIK
STREET ADDRESS	7139 NORTH U.S. HIGHWAY 1
CITY-ST-ZIP	PORT ST. JOHN, FL 32927
TITLE	MGRM
NAME	RASUL, FAIAZ M
STREET ADDRESS	7075 N. U.S. HIGHWAY 1, SUITE 500
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80029-002 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: _____   x 04/29/05   321-609-4...

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