2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 18, 2004 8:00 am DOCUMENT # L03000039046 **Secretary of State** 1. Entity Name 03-18-2004 90185 026 ****50.00 R.G. HOME RENTALS, LLC Principal Place of Business Mailing Address 10839 N.W. 3RD COURT PEMBROKE PINES FL 33026 989 LAKE BERKLEY DRIVE KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address 989 LAKE 10839 BERKLEY Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number Applied For City & State Penboke Pins 26-0073106 Not Applicable \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROJAS, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 10839 N.W. 3RD COURT PEMBROKE PINES FL 33026 City 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, typed or printed of registered agent and titl (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition NAME ROJAS, CATALINA NAME STREET ADDRESS 10839 N.W. 3RD COURT STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change ☐ Addition ROJAS, PAOLA A NAME STREET ADDRESS 10839 N.W. 3RD COURT STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP MLE MGRM ☐ Delete TITI F Change Addition NAME ROJAS, RAFAEL STREET, ADDRES 10839 N.W. 3RD COURT STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition GUEVARA, AMPARO 10839 N.W. 3RD COURT STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ☐ Addition ROJAS, TATIANA NÁME NAME 10839 N.W. 3RD COURT STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 sans-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 is required by Chapter 608, Florida Statutes. limited liability company or the receiver or tru 3/14/2004 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone * 954 538 P

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