

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039395

1. Entity Name
SALLIE GARVEY RENTALS, LLC



Principal Place of Business

**3038 S.W. CEDAR TRAIL
PALM CITY, FL 34990**

Mailing Address

**3038 S.W. CEDAR TRAIL
PALM CITY, FL 34990**



03222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2410744

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARVEY, SALLIE C
3038 S.W. CEDAR TRAIL
PALM CITY, FL 34990**

**DO NOT WRITE
IN THIS SPACE**

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	GARVEY, JOHN R
STREET ADDRESS	3038 S.W. CEDAR TRAIL
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	GARVEY, SALLIE C
STREET ADDRESS	3038 S.W. CEDAR TRAIL
CITY - ST - ZIP	PALM CITY, FL 34990
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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**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Sallie C Garvey **SALLIE C GARVEY**

3/22/05

561 2425060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #