

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000039402

1. Entity Name

RENTAL MAX, LLC



**FILED
May 17, 2004 8:00 am
Secretary of State**

05-17-2004 90567 045 ****50.00

Principal Place of Business

4590 HIGHWAY 20
NICEVILLE FL 32578

Mailing Address

P.O. BOX 5244
NICEVILLE FL 32578

2. Principal Place of Business

127 Griffin Blvd

3. Mailing Address

127 Griffin Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL 32413

City & State

Panama City Beach, FL

Zip

32413

Country

BA4

Zip

32413

Country

BA4

4. FEI Number

20-0428056

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUFF, CHANDLER
4590 HIGHWAY 20
NICEVILLE FL 32578

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME HUFF, CHANDLER
STREET ADDRESS 4590 HIGHWAY 20
CITY-ST-ZIP NICEVILLE FL 32578

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Scherzinger, JOE R.
127 Griffin Blvd
Panama City Beach, FL 32413

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

Joe R. Scherzinger

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

5/10/04

850-338-0133

Date

Daytime Phone #