

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042611

FILED  
Jun 09, 2004  
Secretary of State

**Entity Name:** FLORIDA RENTAL & MANAGEMENT LLC

**Current Principal Place of Business:**

3907 N. FEDERAL HIGHWAY #180  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

3861 NE 15TH AVE.  
POMPANO BEACH, FL 33064 US

**Current Mailing Address:**

3907 N. FEDERAL HIGHWAY #180  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

P.O. BOX 1005  
AUBURNDALE, FL 33823 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GUGEL, JANICE  
3907 N. FEDERAL HIGHWAY  
#180  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

GUGEL, JANICE  
3861 NE 15TH AVE.  
POMPANO BEACH, FL 33064 US

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.

SIGNATURE: JANICE GUGEL

06/09/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GUGEL, CHARLES SCOTT  
Address: 3907 N. FEDERAL HIGHWAY #180  
City-St-Zip: POMPANO BEACH, FL 33064 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GUGEL, CHARLES SCOTT  
Address: 3861 NE 15TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES SCOTT GUGEL

MGR

06/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date