

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008584

Entity Name: KELLY CARLOS RENTALS LLC

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

11595 KELLY ROAD
201
FORT MYERS, FL 33908

New Principal Place of Business:

11595 KELLY ROAD
SUITE 201
FORT MYERS, FL 33908 US

Current Mailing Address:

11595 KELLY ROAD
201
FORT MYERS, FL 33908

New Mailing Address:

11595 KELLY ROAD
SUITE 201
FORT MYERS, FL 33908 US

FEI Number: 20-0669300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMPS, JOHN E
11595 KELLY ROAD
201
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

STAMPS, JOHN E
11595 KELLY ROAD
SUITE 201
FORT MYERS, FL 33908 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:

03/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STAMPS, JOHN E
Address: 11595 KELLY ROAD 201
City-St-Zip: FORT MYERS, FL 34908 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STAMPS, JOHN E
Address: 11595 KELLY ROAD STE 201
City-St-Zip: FORT MYERS, FL 34908 US

Title: MGRM () Change (X) Addition
Name: SMITH, SANDRA G
Address: 11595 KELLY RD STE 201
City-St-Zip: FORT MYERS, FL 33908

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: JOHN E STAMPS

MGRM

03/17/2005

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