


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90031 043 ****50.00

DOCUMENT # L04000020251	
1. Entity Name L G RENTALS, LLC	

Principal Place of Business 4203 BAY BEACH LANE, #3H FORT MYERS BEACH FL 33931	Mailing Address 4203 BAY BEACH LANE, #3H FORT MYERS BEACH FL 33931
---	---



2. Principal Place of Business 28341 MORAY DR. Suite, Apt. #, etc.	3. Mailing Address 28341 MORAY DR. Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/05)

City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip 34135	Country USA

4. FEI Number 56-2446611	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
--

6. Name and Address of Current Registered Agent ECHOLS, LARRY A 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent 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 _____ (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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM GAHWILER, LEON J. 4203 BAY BEACH LANE, #3H FORT MYERS BEACH FL 33931	MGRM GAHWILER, LELA D. 4203 BAY BEACH LANE, #3H FORT MYERS BEACH FL 33931
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Converted to single owner	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lela Gahwiler 4/27/06 2399480267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #