## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 10, 2006 8:00 am Secretary of State

DOCUMENT # L04000024978  1. Entity Name FLORIDA RENTALS, LLC						07-10-2006	90105 039 ****5	0.00	
Principal Place	e of Business	Mailing Address	1			<b>~</b>	CCUOPUU		
Principal Place of Business 1134 NEW YORK AVE SAINT CLOUD, FL 34769-3782		1134 NEW YORK AVE SAINT CLOUD, FL 34769-3782							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032006	Chg-LLC	CR2E083 (11/05)			
City & State		City & State		4. FEI Numbe 06-172		<b>⊢</b>	optied For ot Applicable		
Zip	Country Zip Cou		Count	ry	5. Certificate	of Status Desired	S5.00 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	Registered Agent		
				Name					
	., JAMES . PINES CIRCLE D, FL 34771		Street Address (		ess (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)			
	-,								
			Ī	City			FL Zip Cod	le	
8. The above the obligati	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	d office or regi	istered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and late if applicable. (NOTE	E: Registered	Agent signature rec	quired when reinstaling)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006									
							e check payable to- a Department of Stat		
		RS/MANAGERS	10.			Florida	e check payable to a Department of Stat		
9.	MANAGING MEMBE	RS/MANAGERS	TITLE			Florida	e check payable to a Department of Stat		
9. TITLE NAME	MANAGING MEMBE MGRM BRADLEY, RICHARD W		TITLE	A B		Florida	e check payable to a Department of Stat	e <u> </u>	
9.	MANAGING MEMBE		TITLE NAME STREE	T ADDRESS 1 ST-ZIP 3	IGRM Rigodley, Rigodley, New	ADDITIONS,	CHANGES	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM BRADLEY, RICHARD W 3571 SOMERSET HILLS CT		TITLE NAME STREE CITY- TITLE NAME STREE	ST-ZIP	IGRM Rigodley, Rigodley, New	ADDITIONS,	e check payable to a Department of Stat	Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: \_\_\_\_\_\_

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/3/06

407-892-1506

Daytime Phone #