2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L04000033790 1. Entity Name RAN-MARRENTALS, LLC						04-27-2005 90045 006 ****50.00			
Principal Place of Business 3711NE42NDLANE 0CALA,FL34479			Mailing Address POBOX965 SILVERSPRINGS,FL34489			- - - - - - - - - - - - - - - - - - -			FOLKEL TIL 1887
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe	6-07609	19	Applied For Not Applicable		
Zip		Country	Zíp	Coun	itry	<u> </u>	of Status Desired	55.00 Ac Fee Requir	dditional red
	6. Name	and Address of Current F	Registered Agent		Name	7. Name and	Address of New Re	egistered Agent	
RANEW, TI		JR				(P.O. Box Numbe	er is Not Acceptable	<u> </u>	· · · · · · · · · · · · · · · · · · ·
3711NE 42 OCALA, FL					350017031033				
					City		. 148-21-14	FL Zip Co	de
	named entitions of regist		the purpose of changing its	register	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar with	n, and accept
SIGNATURE.	Signature, typed	or printed name of registered agent a							
Filing Fee is \$50.00 Due by May 1, 2005			латавя аррисарие. (NO	E: Registere	d Agent signature require	d when reinstating)		DATE	
Fi	ling Fee I	is \$50.00	по тов я аррясакие. (NO	E: Registere	d Agent signature require	d when reinstating)		e check payable to Department of Sta	ite
Fi	ling Fee I	is \$50.00		E: Registere	d Agent signature require	d when reinstating)		e check payable to Department of Sta	ite
Fi Dı	ling Fee I	MANAGING MEMBER		10. TITU NAM STRE	e moran 7	homas C	ADDITIONS/ PArnow 1. 42 no Lan	e check payable to Department of Sta CHANGES Change	
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11. I hereby certify that the information supplied with this filling 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: Thoms Chamble SIGNATURE AND TYPED OR PRINTED NAME OF SKINDS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE