


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2005 90045 006 ****50.00

DOCUMENT # L04000033790 1. Entity Name RAN-MARRENTALS,LLC					
Principal Place of Business 3711NE42NDLANE OCALA,FL34479			Mailing Address POBOX965 SILVERSPRINGS,FL34489		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 76-0760919				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			7. Name and Address of New Registered Agent		
RANNEW.THOMASCJR 3711NE42NDLANE OCALA,FL34479			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Thomas C Rameau Jr</i> <i>3711 NE 42nd Lane</i> <i>Ocala, FL 34479</i>	<input type="checkbox"/> Delete	TITLE <i>mgr</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Thomas C Rameau Jr</i> <i>3711 NE 42nd Lane</i> <i>Ocala, FL 34479</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Donald Martin</i> <i>3711 NE 42nd Lane</i> <i>Ocala, FL 34479</i>	<input type="checkbox"/> Delete	TITLE <i>mgr</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Donald Martin</i> <i>3711 NE 42nd Lane</i> <i>Ocala, FL 34479</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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: _____			_____ <i>Thomas C Rameau Jr</i> <i>4/22/05</i> <i>(352) 522-1818</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		