


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90239 017 \*\*\*\*50.00

**DOCUMENT # L04000042185**  
 1. Entity Name  
**SHALIMAR RENTALS, LLC**




Principal Place of Business Mailing Address  
**701 NW ANCHORS STREET 701 NW ANCHORS STREET**  
**FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

31003500  
  
 1st MOORE CR2E083 (10/04)

4. FEI Number **20-1254526** Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent  
**SMITH, GEORGE R.**  
**701 NW ANCHORS STREET**  
**FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

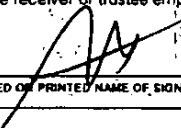
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restoring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
	<b>President</b> <b>GEORGE R. SMITH</b> <b>701 ANCHORS ST.</b> <b>FT WALTON BEACH, FL 32548</b>		

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:**  **GEORGE R. SMITH** **3/15/05** **850.244.3330**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #