2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047753

1. Entity Name
KING RENTAL PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
237 VALLEY VIEW COURT MONTICELLO, FL 32344	237 VALLEY VIEW COURT MONTICELLO, FL 32344

DO NOT WRITE IN THIS SPACE

05012006No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-1426996	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D'ESQ.
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

DO NOT WRITE
IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KING, TODD R
STREET ADDRESS	237 VALLEY VIEW COURT
CITY-ST-ZIP	MONTICELLO, FL 32344

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. 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: ____Todd King____   4/28/06   933-7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #