

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000071024

1. Entity Name
RENTING SPACES, LLC



Principal Place of Business
**10500 BINKY LANE
BONITA SPRINGS, FL 34135**

Mailing Address
**PO BOX 1333
BONITA SPRINGS, FL 34133**



01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1691475

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DENNIS, DUANE
10500 BINKY LANE
BONITA SPRINGS, FL 34135**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DENNIS, DUANE
10500 BINKY LANE
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GENR
DENNIS, KIMBERLY
10500 BINKY LANE
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GENR
SHOWERS, DONALD
27731 HAROLD STREET
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000414140
02/11/06-80024-011 55.00

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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: Kimberly Dennis - Kimberly Dennis

1-23-06

(239)598-3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #