## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 29, 2005 8:00 am Secretary of State

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DOCUMENT # L0400074823  1. Entity Name R & N RENTAL PROPERTIES, L.L.C.							08-29-2005	90040 04	7 ****50	.00
Principal Place of Business  1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202			Mailing Address 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202		)	200673			EOL III EOOL	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07012005	Chg-LLC	CR2E08	· · ·		
City & State		City & State			4. FEI Numb	150998	4		olied For Applicable	
Zip	Country		Zip Count		try	<u> </u>	of Status Desired	<u> Б</u>	5.00 Addi ee Required	
	6. Name	and Address of Current R	legistered Agent			7. Name and	Address of New R	egistered Ag	ent	
SHIELDS, DAVID R 1 INDEPENDENT DRIVE SUITE 1600					Name Street Address	net Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32202							<u></u>	•		
		`.	c		City			FL	Zip Code	
	named entiti	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATURĖ.	Signature typed	or printed name of registered agent an	nd title if applicable. (NOTE	Registere	d Agent signature require	ed when reinstating)		DATE		
1	;	or printed name of registered agent an	od title if applicable. (NOTE	Registere	d Agent signature require	ed when reinstating)	Mak		vable to	
1	;	or printed name of registered agent and \$50.00 nber 7, 2005	od tille if applicable. (NOTE	: Registere	d Agant signature require	ed when reinstating)		DATE e check pa a Departme		
1	;			Registere	d Agent signature require	ed when reinstating)		e check pa Departme		
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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.

CITY-ST-ZIP

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

CITY-ST-ZIP

8/24/05

<u>904-634-8808</u>