2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # L04000075781 1. Entity Name 01-26-2005 90061 026 ****55.00 AUTO LEASING RENT-A-CAR, LLC Principal Place of Business Mailing Address 3950 NW 26TH ST. MIAMI FL 33142 US 3950 NW 26TH ST. 20004170 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number 20-1789787 Applied For City & State City & State Not Applicable Zin Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **QUINONES, HELEN** Street Address (P.O. Box Number is Not Acceptable) 3950 NW 26TH ST. **MIAMI FL 33142** Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Delete **MGRM** TITLE TITLE Change Addition RINCON, LUIS NAME NAME STREET ADDRESS 3950 NW 26TH ST. STREET ADDRESS CITY-ST-7IP MIAMI FL 33142 CITY-ST-7IP MGRM ☐ Delete TITLE Vicepresident Change ☐ Addition TITLE Juan B. Maroso NAME MAROSO, JUAN B STREET ADDRESS 3950 NW JEY ST STREET ADDRESS 3950 NW 26TH ST., Hiami, FL. 33142 CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP President TITLE Change Addition □ Delete belson Leverro NAME NAME NAVARRO, NELSON 3950 NW 16th ST STREET ADDRESS STREET ADDRESS 3950 NW 26TH ST., CITY-ST-ZIP CITY-ST-ZIP Hismi-FL.33142 MIAMI FL 33142 ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change □ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby certify that the information supplied with this filling 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-SI-7IP

THLE NAME

☐ Change

■ Addition

FILED