

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000001449 1. Entity Name TRUTH RENTAL PROPERTIES AND INVESTMENTS, LLC					
Principal Place of Business 911 CUMBRAN LANE KISSIMMEE, FL 34758			Mailing Address 911 CUMBRAN LANE KISSIMMEE, FL 34758		
2. Principal Place of Business - No P.O. Box # 911 Cumbran Lane		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Kissimmee, Florida		City & State - Florida		4. FEI Number 20-2212941	
Zip 34758		Country Osceola		Zip 	
Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SWASEY, DWIGHT 911 CUMBRAN LANE KISSIMMEE, FL 34758			7. Name and Address of New Registered Agent Name Dwight Swasey Street Address (P.O. Box Number is Not Acceptable) 911 Cumbran Lane City Kissimmee FL Zip Code 34758		
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 <u><i>Dwight Swasey</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWASEY, DWIGHT 911 CUMBRAN LANE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWASEY, PAULA 911 CUMBRAN LANE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWASEY, PAUL 911 CUMBRAN LANE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Dwight Swasey</i></u>			Date 4-29-07 Daytime Phone # 407-497-8017		