2007 LIMITED LIABILITY COMPANY

FILED

ANNUAL REPORT						May 03, 2007 08:00 A			
DOCUMENT #L05000001449						S	ecretary o	of State	
1. Entity Name TRUTH RENTAL PROPERTIES AND INVESTMENTS, LLC									
Principal Place of Business Mailing Address				1					
911 CUMBRAN LANE 911 CUMBRAN LANE KISSIMMEE, FL 34758 KISSIMMEE, FL 34758									
Principal Place of Business - No P.O. Box # 3. Mailing Address									
2. Principal Place of Business - No P.O. Box * 3. Mailing Address 911 Cumbran lane						8) 83 8† \$ 88 822 82		189 11 188	
Suite, Apt. #, etc. Suite, Apt. #, et			itc.			7 Chg-LLC	CR2E083 (12/06)		
City & Stat	y & State Ssimmee, Floride Florida				4. FEI Nun			oplied For	
Zip	Country	Zip Country				212941 ate of Status Desired	\$5.00 Add	ot Applicable ditional	
3478	58 OSCEOIA 6. Name and Address of Current F	egistered Agent				nd Address of New F	Fee Require	ed .	
OWAGEV		- Garage		Name	Wiaht	Swase			
SWASEY, DWIGHT 911 CUMBRAN LANE				Street Add	ress (P.O. Box Nun	nber is Not Acceptable	e)		
KISSIMMEE, FL 34758				7	11 Cumb	ran Isn			
				City V	Issimm	~ · · · · · · · · · · · · · · · · · · ·	FL Zig Cod	758	
8. The above	named entity submits this statement for	the purpose of changing its i	egister	ed office or re	gistered agent, or	both, in the State of Flo	I J I		
the obligations of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE:	Registere	d Agent signature	required when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007							e check payable to a Department of Stat	e	
9.	MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE Name	MGR SWASEY, DWIGHT	☐ Delete	TITL NAM	I .			☐ Change	☐ Addition	
STREET ADDRESS	911 CUMBRAN LANE		STRE	ET ADDRESS		uo	0000000000		
CITY-ST-ZIP	KISSIMMEE, FL 34758 MGR			-\$1-ZIP E					
NAME	SWASEY, PAULA	E Suicic	NAM	E					
STREET ADDRESS CITY-ST-7IP				ET ADDRESS - ST-ZIP					
TITLE			TITE	1 -		-	☐ Change	Addition	
NAME STREET ADDRESS	SWASEY, PAUL 911 CUMBRAN LANE		NAM STRE	EF ADDRESS				į	
CITY-ST-ZIP	KISSIMMEE, FL 34758		-	-S1-ZIP					
TITLE NAME		☐ Delete	TITU NAM				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM	E ET ADDRESS				1	
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME		☐ Delete	TITL	I .			☐ Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS					
11. I hereby	certify that the information supplied with	this filing does not qualify for	4	-ST-ZIP mptions conta	ained in Chanter 11	9. Florida Statutes 1 fi	urther certify that the infr	ormation	
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 respirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
Must be									
SIGNAT	URE: SIGNATURE AND TYPED OR PRINCED NAME OF	BIGNING MANAGING MEMBER, MAN	AGER, OF	AUTHORIZED RE		4/-29-07 Date	407-497. Daylime Phone #	80/7	
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