

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019773

Entity Name: MYERS RENTALS, LLC

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

527 KEY ROYALE DRIVE
BRADENTON, FL 34217

New Principal Place of Business:

527 KEY ROYALE DRIVE
HOLMES BEACH, FL 34217

Current Mailing Address:

527 KEY ROYALE DRIVE
BRADENTON, FL 34217

New Mailing Address:

527 KEY ROYALE DRIVE
HOLMES BEACH, FL 34217

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOETHE, JEFFREY S
BARNES WALKER & LAKIN, CHARTERED
3119 MANATEE AVENUE WEST
BRADENTON, FL 342053350 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MYERS, GEORGE T
Address: 527 KEY ROYALE DRIVE
City-St-Zip: BRADENTON, FL 34217

Title: MGRM () Delete
Name: MYERS, HANNA H
Address: 527 KEY ROYALE DRIVE
City-St-Zip: BRADENTON, FL 34217

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MYERS, GEORGE T
Address: 527 KEY ROYALE DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGRM (X) Change () Addition
Name: MYERS, HANNAH E
Address: 527 KEY ROYALE DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE T. MYERS

MGRM

01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date