


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90295 016 \*\*\*\*50.00

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| <b>DOCUMENT # L05000034934</b>   |                                 |  |  |  |  |
| 1. Entity Name<br>ACR BRECK RENTALS, LLC   |                                 |  |  |   |  |
| Principal Place of Business<br>6551 CENTRAL AVE<br>ST PETERSBURG, FL 33710   |                                 |  | Mailing Address<br>6551 CENTRAL AVE<br>ST PETERSBURG, FL 33710   |   |  |
| 2. Principal Place of Business   |                                 |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |                                 |  | Suite, Apt. #, etc.  |   |  |
| City & State   |                                 |  | City & State   |   |  |
| Zip  | Country                         | Zip  | Country  | 4. FEI Number<br><b>20-21049863</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br>RACHEL, ANNETTE<br>6551 CENTRAL AVE<br>ST PETERSBURG, FL 33710  |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |                                 |  |  |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                                 | Make check payable to<br>Florida Department of State |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change  | <input checked="" type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition   |  |
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| 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. |                                 |  |  |   |  |
| <b>SIGNATURE:</b> <i>Ann H. Rachel</i> <b>727 381-6157</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  |  |   |  |

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4. FEI Number  
**20-21049863**

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7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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**SIGNATURE:** *Ann H. Rachel* **727 381-6157**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE