2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000035252

Entity Name: STARFISH RENTALS ,LLC

Current Principal Place of Business:

701 CARRIAGE LANE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

775 E. MERRITT ISLAND CSWY
115
MERRITT ISLAND, FL 32952

Current Mailing Address:

701 CARRIAGE LANE
MERRITT ISLAND, FL 32952

New Mailing Address:

125 E. MERRITT ISLAND CSWY
209-339
MERRITT ISLAND, FL 32952

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRIS, TIMOTHY J
701 CARRIAGE LANE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

MORRIS, TIMOTHY J
125 E. MERRITT ISLAND CSWY
209-339
MERRITT ISLAND, FL 32952 US

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: TIMOTHY J MORRIS 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORRIS, TIMOTHY J
Address: 701 CARRIAGE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MORRIS, TIMOTHY J
Address: 125 E. MERRITT ISLAND CSWY #209-339
City-St-Zip: MERRITT ISLAND, FL 32952

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: TIMOTHY J MORRIS MGRM 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date