2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90167 024 ****50.00

DOCUMENT # L05000073453

1. Entity Name
JRG RENTALS, LLC

20005027

Principal Place of Business	Mailing Address
9890 N. LOOP RD 413 PENSACOLA, FL 32507	9890 N. LOOP RD 413 PENSACOLA, FL 32507

02022006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
16296 Perdido Key Dr.	16296 Perdido Key Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL.	City & State: Pensacola, FL.
Zip: 32507 Country: U.S.	Zip: 32507 Country: U.S.

4. FEI Number: 43-2086466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAVALIER, WAYNE E 9890 N. LOOP RD. 413 PENSACOLA, FL 32507	Name: Joseph Gilchrist Street Address (P.O. Box Number is Not Acceptable): 16296 Perdido Key Dr. City: Pensacola FL Zip Code: 32507

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 [signature] Joseph R Gilchrist 2/2/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILCHRIST, JOSEPH R 9890 N. LOOP RD. PENSACOLA, FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16296 Perdido Key Dr. Pensacola, FL. 32507	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVALIER, WAYNE E 5855 KAISER LN. PENSACOLA, FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Joseph R. Gilchrist 2/2/06 850-492-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #