

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102787

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** RENT OR RENT TO BUY L.L.C.

**Current Principal Place of Business:**

2213 GRAND CAYMAN COURT  
SUITE # 1131  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2213 GRAND CAYMAN COURT  
SUITE # 1131  
KISSIMMEE, FL 34741

**New Mailing Address:**

P.O. BOX 770135  
ORLANDO, FL 32877

**FEI Number:** 20-3703796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ECKLES, GENE M  
13337 FALCON POINTE DR  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

ALDRIDGE, JONATHAN E  
2213 GRAND CAYMAN COURT  
SUITE # 1131  
KISSIMMEE, FL 34741 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:** JONATHAN E. ALDRIDGE

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** ALDRIDGE, JONATHAN E  
**Address:** 2213 GRAND CAYMAN COURT  
**City-St-Zip:** KISSIMMEE, FL 34741

**ADDITIONS/CHANGES:**

**Title:** MGMR (X) Change ( ) Addition  
**Name:** ALDRIDGE, JONATHAN E  
**Address:** P.O. BOX 770135  
**City-St-Zip:** ORLANDO, FL 32877

I hereby certify that the information supplied with this filing does not qualify for the 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:** JONATHAN E. ALDRIDGE

MGMR

04/28/2006

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