2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L05000106454

Entity Name: MILTON RENTALS, LLC

Current Principal Place of Business:

1396 SW MAIN BLVD.
LAKE CITY, FL 32055 US

New Principal Place of Business:

1396 SW MAIN BLVD.
LAKE CITY, FL 32025 US

Current Mailing Address:

1396 SW MAIN BLVD.
LAKE CITY, FL 32055 US

New Mailing Address:

1396 SW MAIN BLVD.
P O BOX 1448
LAKE CITY, FL 32056 US

FEI Number: 20-3723205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, GUY W
253 NW MAIN BLVD.
LAKE CITY, FL 32055 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: MILTON, A.C.
Address: 1396 SW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM ( ) Delete
Name: MILTON, ALTON C
Address: 1396 SW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32055 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MILTON, ALTON C
Address: 1396 SW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGRM (X) Change ( ) Addition
Name: MILTON, ALTON C JR
Address: 1396 SW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32025 US

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: ALTON C MILTON MGRM 04/16/2007

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