2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000111982

1. Entity Name

RAYANN RENTALS, LLC



FILED Jul 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4918 NUTMEG AVENUE SARASOTA, FL 34231

US

4918 NUTMEG AVENUE SARASOTA, FL 34231

07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 27-0139455 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ULRICH, RICHARD A 2940 S. TAMIAMI TRAIL SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

| 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, typed or printed name of registered agent and title if applicable. (fi | | (NOTE: Registered / | (NOTE: Rogistered Agent signature required when reinstating) | | | | DATE | | | |
| | ling Fee Is \$50.00 by September 14, 2007 MANAGING MEMBERS/MANAGERS | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| TITLE NAME | MGRM SULLIVAN, ANN E | | e Kar | 4 | * | .v. | | | | |
| STREET ADDRESS | 4918 NUTMEG AVENUE | | | | | | <u> </u> | 235 | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | | | | U// | 06/07-800 | IU6-002 | 2.50.Dt | |

CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ππε NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGMING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-2-07

941-232-4513

Daylime Phone #