


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90070 025 \*\*\*\*50.00

<b>DOCUMENT # L06000027455</b> 1. Entity Name <b>FREEL RENTALS, LLC</b>					
Principal Place of Business 13939 SE US HIGHWAY 441 SUMMERFIELD, FL 32691			Mailing Address 13939 SE US HIGHWAY 441 SUMMERFIELD, FL 32691		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FREEL, HERBERT W</b> <b>13939 SE US HIGHWAY 441</b> <b>SUMMERFIELD, FL 32691</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FREEL, HERBERT W 13939 SE US HIGHWAY 441 SUMMERFIELD, FL 32691		<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
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 606, Florida Statutes.					
<b>SIGNATURE:</b> _____ <i>H.W. Freel</i> <b>2-7-07</b> <b>352-347-7387</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					