

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070103

FILED
Mar 19, 2007
Secretary of State

Entity Name: CONSTRUCTION RENTAL SERVICE, LLC

Current Principal Place of Business:

163 E FOSTER CT
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

163 E FOSTER CT
LECANTO, FL 34461

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, JIMMIE R
163 E FOSTER CT
LECANTO, FL 34461 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: LONG, JIMMIE R
Address: 163 E FOSTER CT
City-St-Zip: LECANTO, FL 34461

Title: MGRM () Delete
Name: LONG, DONNA J
Address: 163 E FOSTER CT
City-St-Zip: LECANTO, FL 34461

Title: MGRM () Delete
Name: FORD, CALEB L
Address: 1471 DUNN COVE DR
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: FORD, BOBBIE J
Address: 1471 DUNN COVE DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JIMMIE R LONG

MGRM

03/19/2007

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