2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L06000091613 04-11-2007 90160 018 ****50 00 LYNCH RENTALS, LLC Principal Place of Business Mailing Address 3234 LAKE PADGETT DRIVE 3234 LAKE PADGETT DRIVE LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, WILLIAM I JR. Street Address (P.O. Box Number is Not Acceptable) 3234 LAKE PADGETT DRIVE LAND O'LAKES, FL 34639 Zip Code 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 Signature, typed or printed name of registered agent and tise if applicable (NOTE: Registered Agent signature required when minetating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change Addition TITLE Delete JOHNSON, WILLIAM I JR. NAME NAME 3234 LAKE PADGETT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES, FL 34639 Change ☐ Addition IIILE Detete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition Delete TITN F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-76P 11. I hereby certify that the information supplied with this filting 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 cath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE Daylime Phone

FILED Apr 11, 2007 8:00 am Secretary of State