


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90197 033 \*\*\*\*50.00


<b>DOCUMENT # L06000093763</b>	
1. Entity Name CONDO RENTAL GROUP, LLC	

Principal Place of Business 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228	Mailing Address 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 10210
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Fort Smith AR
Zip	Zip 72917
Country	Country

60051068



04242007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent PALMER, CHARLES G 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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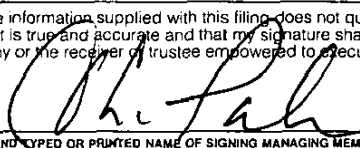
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFORD, JOHN D 6301 CLIFF DRIVE FORT SMITH, AR 72903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES G. PALMER INTER VIVOS TRUST 4134 GULF OF MEXICO DRIVE, SUITE 301 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

**SIGNATURE:**  **4/25/07 4797630209**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #