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Jun 07, 2007 8:00 am
Secretary of State
05-11-2007 90197 037 ****50.00

5/11

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

با الريا

DOCUMENT # L06000110721 1. Entity Name 2ND BASE RENTALS, LLC Principal Place of Business Mailing Address						30010)097
4134 GULF OF MEXICO DRIVE, #301 Long Boat Key, FL 34228		4134 GULF OF MEXICO DRIVE, #301 Long Boat Key, FL 34228		 	FAN HAM BANK KAND OF DE NE	STEI NA 1884	
2. Principal Place of Business - No P.O. Box #		3. Mailinn Arkfress					
Suite, Apt. #, etc.		POBOX 10Z1O			CR2E083 (12/06)		
City & Stat	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City & State Fort Smit	L AR	·	120-80321	45 N	oplied For ot Applicable
Zip	Country	72917	Country		5. Certificate of Status Desired	S5.00 Add	d and the state of
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
	CHARLES F OF MEXICO DRIVE, #301 AT KEY, FL 34228	Streat Address		P.O. Box Number is Not Acceptable)			
	:		City			FL Zip Cod	la .
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 use if applicable. (NOT	E: Regisseres Agent s	Ontoure required	I when retreated to	DATE	
Filing fee is \$50.00 Due by May 1, 2007					(Figure 1)	neck payable to epartment of State	
9. TITLE	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CH	IANGES Change	Addition
RAME STREET ADDRESS	PALMER, CHARLES	4201	NAME				_
CITY-ST-ZIP	4134 GULF OF MEXICO DRIVE, LONG BOAT KEY, FL 34228	, #301	STREET ADORE	*			
TITLE		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORE CITY-ST-ZIP	:55			
TITLE		☐ Delete	TITLE	 - -		☐ Change	Addition
NAME STREET ADDRESS			HAME Street adore	:55			I
CITY-S1-ZIP			CITY-ST-ZIP	<u> </u>			
TITLE NAME		Ocieta	TITLE NAME			Change	Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRE	ss			
TITLE HAME		Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET AUDORE	:55			
TITLE		☐ Deleta	TULE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY+SI-ZUP	zs			
11. I hereby certify that the information supplied with this filling goes not qualify for the exemptions contained in Chapter 119, Florida Statutes, I buther certify that the information indicated on this report is tude and accurate and that thy signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company of the receiver or trustee employered to effect this report as required by Chapter 608, Florida Statutes.							
SIGNAT	(//	tal	, -:	,	4/25/07		- 1
SIGITAL	TOTAL TIPE AND THE OF TRACES HAVE O	SHOWING MANAGEMENT WAS	MAGER OF ALTHOR	770 prepri	ACCATION COM	Continue Phone &	