



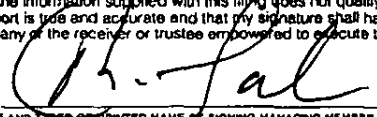
FILED
Jun 07, 2007 8:00 am
Secretary of State

5/11

05-11-2007 90197 037 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

30010097

DOCUMENT # L06000110721			
1. Entity Name 2ND BASE RENTALS, LLC			
Principal Place of Business 4134 GULF OF MEXICO DRIVE, #301 LONG BOAT KEY, FL 34228		Mailing Address 4134 GULF OF MEXICO DRIVE, #301 LONG BOAT KEY, FL 34228	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 10210	
City & State		City & State Fort Smith AR	
Zip		Zip 72917	
Country		Country	
4. FEI Number 20-8032145		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PALMER, CHARLES 4134 GULF OF MEXICO DRIVE, #301 LONG BOAT 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	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALMER, CHARLES 4134 GULF OF MEXICO DRIVE, #301 LONG BOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4797830204	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	