
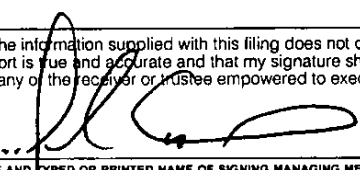


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90055 032 ***138.75

60050000

DOCUMENT # L07000028218 1. Entity Name RENTAL PROPERTIES USA, L.L.C.					
Principal Place of Business 202 W BROAD STREET TAMPA, FL 33604			Mailing Address PO BOX 311724 TAMPA, FL 33680		
2. Principal Place of Business - No P.O. Box # 5215 BOGDONOFF DR.		3. Mailing Address 5215 BOGDONOFF DR.			
Suite, Apt. #, etc. #A		Suite, Apt. #, etc. #A			
City & State SEFFNER, FLORIDA		City & State SEFFNER, FLORIDA		4. FEI Number 88-0518114	
Zip 33584		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CACERES, MANUEL 202 W BROAD STREET TAMPA, FL 33604			7. Name and Address of New Registered Agent Name MANUEL CACERES Street Address (P.O. Box Number is Not Acceptable) 5215 BOGDONOFF DR. #A City SEFFNER FL Zip Code 33584		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CACERES, MANUEL 202 W BROAD STREET TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANUEL CACERES 5215 BOGDONOFF DR. #A SEFFNER, FLORIDA 33584	<input checked="" 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
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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: 			4/23/08 (813) 401-4197		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		