

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029714

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** JACKSONVILLE RENTALS, LLC

**Current Principal Place of Business:**

1839 LANE AVE. S.  
SUITE 108  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

1839 LANE AVE. S.  
SUITE 108  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

**FEI Number:** 51-0626694      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARNER, MONIQUE  
6055 TRAWICK RD.  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR.      ( ) Delete  
Name: WARNER, MONIQUE  
Address: 6055 TRAWICK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: MGR.      ( ) Delete  
Name: WARNER, TIMOTHY J  
Address: 6055 TRAWICK RD.  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MONIQUE WARNER      MGR      01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date