

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

02-25-2008 90130 015 ***138.75

DOCUMENT # L07000044750 1. Entity Name MJM RENTALS, LLC			
Principal Place of Business 4815 E BUSCH BLVD SUITE 204 TAMPA, FL 33617 US		Mailing Address P.O. BOX 9761 TAMPA, FL 33604 US	
2. Principal Place of Business - No P.O. Box # 8209 N. ORLEANS AVE Suite, Apt. #, etc.		3. Mailing Address 8209 N. ORLEANS AVE Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33604		Zip 33604	
Country USA		Country USA	
4. FEI Number N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent USACCOUNTING OFFICE 4815 E BUSCH BLVD SUITE 204 TAMPA, FL 33617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM	NAME MJM	<input type="checkbox"/> Delete	
STREET ADDRESS P.O. BOX 9761	CITY-ST-ZIP TAMPA, FL 33604	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 11B, 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 605, Florida Statutes.			
SIGNATURE: <u><i>James Albury</i></u>		Date: <u>813-932-3606</u>	



ATTACHMENT
30004726

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2008

MJM RENTALS, LLC
P.O. BOX 9761
TAMPA, FL 33604 US

*CHANGE OF MAILING ADDRESS
8209 N. ORLEANS AVE
TAMPA, FL 33604*

Subject: MJM RENTALS, LLC

Reference Number: L07000044750

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314