
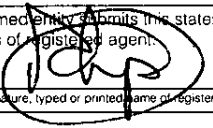



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90022 037 \*\*\*143.75

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L07000068013</b>  |  |                                 |   |    |  |
| <b>1. Entity Name</b><br>PIA RENTALS, LLC   |  |                                 |   |   |  |
| <b>Principal Place of Business</b><br>1765 COMMERCE AVE<br>VERO BEACH, FL 32960   |  |                                 | <b>Mailing Address</b><br>1765 COMMERCE AVE<br>VERO BEACH, FL 32960 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>       |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |   |  |
| City & State  |  | City & State                    |   | 01042008    Chg-LLC    CR2E083 (12/06)  |  |
| Zip   |  | Country                         |   | <b>4. FEI Number</b><br>36-0639557  |  |
| Zip   |  | Country                         |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 |   | <b>7. Name and Address of New Registered Agent</b>  |  |
| KIRK, WILLIAM N ESQ<br>979 BEACHLAND BLVD<br>VERO BEACH, FL 32963   |  |                                 |   | Name: <u>RUSSELL PAYNE</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>1765 COMMERCE AVENUE</u><br>City: <u>VERO BEACH</u> FL    Zip Code: <u>329100</u> |  |
| <b>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.</b>   |  |                                 |   |   |  |
| SIGNATURE:    |  |                                 |   | DATE: <u>01/04/08</u>   |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)   |  |                                 |   | DATE  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |                                 |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 |   | <b>10. ADDITIONS/CHANGES</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>PAYNE, RUSSELL K<br>1765 COMMERCE AVE<br>VERO BEACH, FL 32960 | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |  |                                 |   |   |  |
| <b>SIGNATURE:</b>    |  |                                 |   | Date: <u>01/04/2008</u> Daytime Phone #: <u>772-778-2652</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 |   |   |  |