

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90062 023 \*\*\*138.75

**DOCUMENT # L07000072591**

1. Entity Name  
**PENINSULA RENTALS ONE L.L.C.**



Principal Place of Business  
**2519 ELDERBERRY DRIVE  
CLEARWATER, FL 33761 US**

Mailing Address  
**2519 ELDERBERRY DRIVE  
CLEARWATER, FL 33761 US**

**60007778**



02102008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-0571201**

Applied For  
Not Applied

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WATKINS, GEORGE R  
2519 ELDERBERRY DRIVE  
CLEARWATER, FL 33761**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

TITLE **MGRM** ☐ Delete  
NAME **WATKINS, GEORGE R**  
STREET ADDRESS **2519 ELDERBERRY DRIVE**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **MGRM** ☐ Delete  
NAME **WATKINS, KATHERINE L**  
STREET ADDRESS **2519 ELDERBERRY DRIVE**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Add  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

*Katherine L. Watkins* **KATHERINE L. WATKINS** 2/10/08 727 789 4453