|  | or before May       |               |                          | d Liability   | Com                | pany will be                                       |  |   |  |                |  |
|--|---------------------|---------------|--------------------------|---|--------------------|--|--|---|--|----------------|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT   |                     |               |                          | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State |                    |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS                            |   |  |                |  |
| 1999   |                     |               | DIVISION OF CORPORATIONS |   |                    | 99 APR 22 AM 10: 47                                |  |   |  |                |  |
| FILING FEE     Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee       \$ 188.75     Make Check Payable To: FLORIDA DEPARTMENT OF STATE  |                     |               |                          |   |                    |  |  |   |  |                |  |
| 1. Name and Mailing Address<br>of Limited Liability Company DOCUMENT # L96000000696  |                     |               |                          |   |                    |  |  |   |  |                |  |
| OFFSHORE RENTALS, L.C.<br>10040 S.W. 212 STREET<br>MIAMI FL 33189  |                     |               |                          |   |                    |  | 1a. Principal Place of Business Address<br>10040 S.W. 212 STREET<br>MIAMI FL 33189 |   |  |                |  |
| 2 Principal Place of Business 2a. Maili  |                     |               |                          | iling Address   | ng Address         |  |  | 3. Date Organized or Qualified 3a. State of Formation |  |                |  |
| Suite, Apt #, etc. Suite, A  |                     |               | Apt. #, elc              |   |                    | 06/26/1996   |  | FL  |  |                |  |
| City & State   |                     |               | City & S                 | City & State  |                    |  | 4. FEI Number Applied For   65-0695665 Not Applicable                              |   |  |                |  |
| Zip Country  |                     | Zip           | Zip Couri                |   | · /                |  |  |   | icate of Status Desired                |                |  |
| 7. Name and Address of Current   |                     | ent Registere | Registered Agent         |   | 8, 1               | 04/27/1998<br>Name and Address of New Regis        |  | S8 75 Additional Fee Required                         |  |                |  |
| HARTWELL, BOBBY  |                     |               |                          |   |                    |  |  |   |  |                |  |
| 10040 S.W. 212 STREET<br>MIAMI FL 33189  |                     |               |                          |   |                    | Street Address (P.O. Box Number is Not Acceptable) |  |   |  |                |  |
|  |                     |               |                          |   | Suite, Apt #, etc  |  |  |   |  |                |  |
|  |                     | City Zip Code |                          |   |                    |  |  |   |  |                |  |
| 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.   |                     |               |                          |   |                    |  |  |   |  |                |  |
| SIGNATURE  |                     |               |                          |   |                    |  |  | DATE  |  |                |  |
| 10. Title Managing Members/Managers  |                     |               |                          | Business Street Address   |                    |  | City, State and Zip Code   |   |  |                |  |
| Men  | HARTWELL, TERRY     |               |                          | 25500   | 25500 S.W. 124TH C |  |  | OURT PRINCETON FL                                     |  |                |  |
| MGRM   | SRM HARTWELL, BOBBY |               |                          | 10040 S.W. 212 STR  |                    |  | EET MIAMI FL   |   |  |                |  |
| ۹,   |                     |               |                          |   |                    |  |  |   |  |                |  |
|  |                     |               |                          |   |                    |  | 10   | 0002<br>-01/2:<br>****                                | :::::::::::::::::::::::::::::::::::::: | 5775. <b>1</b> |  |
| I  |                     |               |                          |   |                    |  |  |   |  |                |  |
| 11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it 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, and that my name appears in Block 10, or on an attachment with an address. |                     |               |                          |   |                    |  |  |   |  |                |  |
| SIGNATURE: Delay Harter Bebby NEET, JECK 411799 305-233-1789   |                     |               |                          |   |                    |  |  |   |  |                |  |

INHSE10 R (12-98)