## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L98000002075

1. Entity Name SCOOTER RENTALS, LLC



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business 3101 PORT ROYAL BLVD. APT. 1315 FORT LAUDERDALE, FL 33308 Mailing Address

MOORE STEPHENS POTTER, LLP 500 W JEFFERSON ST., SUITE 1600 LOUISVILLE, KY 40202



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			Applied For
59-3532964			Not Applicable
5. Certificate of Statu	s Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

HARVEY, DELORES 3101 PORT ROYAL BLVD. FORT LAUDERDALE, FL 33308 DO NOT WRITE

	named entity submits this statement for the purpose of cha- ions of registered agent.	nging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept			
SIGNATURE_	DELOKES HARVEY Signature, typed or printed name of registered spent and bills of appropriate	(NOTE Registered Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS	, 1				
TITLE	MGR		d.			
NAME	HARVEY, DELORES	and the second of the second o	The state of the s			
STREET ADDRESS	3101 PORT ROYAL BLVD, APT, 1315	) · · · · · · · · · · · · · · · · · · ·	PACTURE NO.			

CITY+S1-7IP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-7IP

01/28/08-90038-001 143.75

DO NOT WRITE:

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 hability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

JRE: Whole Jawes
BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR APPROPRIED REPRESENTATIVE

1-21-08

561-693-889

Date

Daytime Phone #