

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 25 AM 10:25

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000002262

AVI RENTAL SERVICES DIVISION, L.L.C.
6313 BENJAMIN ROAD, SUITE 110
TAMPA FL 33634

*99-AR/WS
CM*

1a. Principal Place of Business Address
6313 BENJAMIN ROAD, SUITE 11
TAMPA FL 33634

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
10/15/1998	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3538741	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent
SCHAFFEL, MARTIN
6313 BENJAMIN ROAD, SUITE 110
TAMPA FL 33634

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code
FL

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 _____)
(Registered Agent Accepting Appointment) (SOLE Registered Agent Signature required when there is only one)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHAFFEL, MARTIN	6313 BENJAMIN ROAD, SUITE	TAMPA FL

600002795276
-03/05/99-01007-012
***:197.50 ***:197.50

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. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Martin Schaffel* 2-19-99 813-884-7168