2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000671

1. Entity Name

LANCORE/UNITED RENTALS #1 LLC



FILED Jan 29, 2004 08:00 AM Secretary of State

Principal Place of Business

399 WEST PALMETTO PARK ROAD

SUITE 103

CITY-ST-ZIP

BOCA RATON, FL 33432

Mailing Address

399 WEST PALMETTO PARK ROAD

SUITE 103

BOCA RATON, FL 33432



01272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0892476

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASTRIANA, F. RONALD 1500 NORTH FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE, FL 33304

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8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when renostating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004	(1.5 °C) regional or regional or region of the control of the con	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONALD, MERV 399 WEST PALMETTO PARK ROAD, SUITE 103 BOCA RATON, FL 33432		11000000001010
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000021219 01/29/04-80099-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

SIGNATURE: MERV MC DONALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/04 561-367-9933

o Da

Daytime Phone #