

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008192

Entity Name: RENTACASA, L.C.

FILED  
Jan 29, 2006  
Secretary of State

**Current Principal Place of Business:**

560 LINCOLN ROAD, SUITE 304  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

560 LINCOLN ROAD, SUITE 304  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-0964995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRUBEL, DAVID  
1621 BAY ROAD, #1203  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

WRUBEL, DAVID  
560 LINCOLN ROAD - SUITE 304  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: DAVID L WRUBEL

01/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WRUBEL, DAVID  
Address: 1621 BAY ROAD, #1203  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: STUZIN, DANIEL  
Address: 7500 SW 105 TERR  
City-St-Zip: PINECREST, FL 33156

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WRUBEL, DAVID  
Address: 560 LINCOLN ROAD - SUITE 304  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID L WRUBEL

MGRM

01/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date