## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 19, 2005 08:00 AM Secretary of State

201-307-2366

Daytime Phone #

DOCUMENT # M0100002640  1. Entity Name HERTZ VEHICLES LLC			Secretary of State	
Principal Place of Business Mailing Address  225 BRAE BLVD.  PARK RIDGE, NJ 07656 PARK RIDGE, NJ 07656				02282005 No Chg-LLC
DO NOT WRITE IN THIS SPACE			CE	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANA MGRM THE HERTZ CORPORATION 225 BRAE BLVD. PARK RIDGE, NJ 07656	GERS	<u>-, </u>	U00000316665 04/19/05-80084-010 50.00
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE			<u></u>	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS				IN THIS STACE
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  11. I hereby of	certify that the information supplied with this filing of	does not qualify for the exer	mption stated in Se	ction 119.07(3)(1), Florida Statutes. I further certify that the information
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: