

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000002

FILED
Jan 08, 2004
Secretary of State

Entity Name: RENTAL CITY, LLC

Current Principal Place of Business:

4347 S.W. 25TH AVENUE
CAPE CORAL, FL 33914

New Principal Place of Business:

14361 N CLEVELAND AVE
N FORT MYERS, FL 33903

Current Mailing Address:

4347 S.W. 25TH AVENUE
CAPE CORAL, FL 33914

New Mailing Address:

14361 N CLEVELAND AVE
N FORT MYERS, FL 33903

FEI Number: 43-1983334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIEGLER, MICHAEL JAMES
4347 S.W. 25TH AVENUE
CAPE CORAL, FL 33914

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: O'CONNOR, TERRENCE J
Address: 6685 GUNPARK DRIVE, SUITE 200
City-St-Zip: BOULDER, CO 80301

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: ZIEGLER, JAMES L
Address: 1457 S CHERRYVALE RD
City-St-Zip: BOULDER, CO 80301

Title: MGRM () Change (X) Addition
Name: ZIEGLER, MICHAEL J
Address: 4347 SW 25TH AVE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL JAMES ZIEGLER

MGRM

01/08/2004

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