2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 07, 2005 08:00 AM DOCUMENT # M03000000427 **Secretary of State** 1. Entity Name RRCO RENTALS, L.L.C. Mailing Address Principal Place of Business 1100 CAMELLIA BLVD 1100 CAMELLIA BLVD STE 201 LAFAYETTE LA 70508 STE 201 LAFAYETTE LA 70508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 72-1406380 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR TtTI F ☐ Change Addition TITLE Delete SAVOY, RODNEY NAME U00000253820 03/07/05-80048-023 50.00 NAME STREET ADDRESS STREET ADDRESS 1100 CAMELLIA BLVD, STE 201 CITY ST-ZIP LAFAYETTE LA 70508 CCY-ST-7/P Change ☐ Addition TITLE Delete NAME STREET ADDRESS SURFEE ADDRESS CHY-SI-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete HILL NAME MARJE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete -Inte NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHTY-ST-ZIF

SIGNATURE: LOCALIZE LOCALIZE ROUNG ROUNG MANAGER DE AUTHORIZED REPRESENTATIVE DEL DAVIDO PHONO EL DAVIDO PHONO PHO

11. I hereby certify that the information supplied with this filing 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 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.