

FILED

Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90084 013 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000002245

1. Entity Name
VAN RENTAL SERVICES, LLC



Principal Place of Business
125 BASIN STREET, SUITE 210
DAYTONA BEACH, FL 32114

Mailing Address
125 BASIN STREET, SUITE 210
DAYTONA BEACH, FL 32114

29080618



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08172004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

16-1671351

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
SANFORD MILLER

Street Address (P.O. Box Number is Not Acceptable)
125 BASIN STREET, SUITE 210

City
DAYTONA BEACH

FL

Zip Code
32114

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.

SANFORD MILLER

(NOTE: Registered Agent signature required when reinstating)

8/17/04

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR MILLER, SANFORD Delete
STREET ADDRESS 125 BASIN STREET, SUITE 210
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE NAME MGR SOTIR, MARK Delete
STREET ADDRESS 40 SHUMAN BLVD., SUITE 160
CITY-ST-ZIP NAPERVILLE, IL 60563

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS 1216 HARMONY COURT
CITY-ST-ZIP NAPERVILLE, IL 60563

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

SANFORD MILLER

Date

8/17/04

Daytime Phone #

386-238-7035