




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90022 012 \*\*\*\*50.00

<b>DOCUMENT # M03000002245</b> 1. Entity Name <b>VAN RENTAL SERVICES, LLC</b>					
Principal Place of Business <b>125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114</b>			Mailing Address <b>125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business <b>444 SEABREEZE BLVD.</b> Suite, Apt. #, etc. <b>SUITE 1002</b>		3. Mailing Address <b>444 SEABREEZE BLVD.</b> Suite, Apt. #, etc. <b>SUITE 1002</b>			
City & State <b>DAYTONA BEACH, FL</b>		City & State <b>DAYTONA BEACH, FL</b>		4. FEI Number <b>16-1671351</b>	
Zip <b>32118</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MILLER, SANFORD 125 BASIN STREET STE 210 DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>444 SEABREEZE BLVD., SUITE 1002</b>  City <b>DAYTONA BEACH</b> <b>FL</b> Zip Code <b>32118</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, SANFORD 125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOTIR, MARK 1216 HARMONY COURT NAPERVILLE, IL 60563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAUL GIOIA 5002 W. CYPRESS ST. TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAUL GIOIA 5002 W. CYPRESS ST. TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAUL GIOIA 5002 W. CYPRESS ST. TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAUL GIOIA 5002 W. CYPRESS ST. TAMPA, FL 33607	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>SANFORD MILLER</b> <b>4/18/05</b> <b>386-238-7035</b>					