2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 10, 2008 8:00 am Secretary of State **DOCUMENT # M04000002550** 04-10-2008 90127 048 ***138.75 1. Entity Name SJW RENTAL LLC Principal Place of Business Mailing Address 15 EAST 5TH STREET, SUITE 2700 60021503 15 EAST 5TH STREET, SUITE 2700 TULSA, OK 74103 TULSA. OK 74103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 02072008 Chg-LLC CR2E083 (12/06) City & State 4 FELNumber Applied For 20-1107355 Not Applicable Zip Country 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 MURDOCH, ROBERT E Street Address (P.O. Box Number is Not Acceptable) JOHNSON, ANSELMO, MURDOCH, ET AL. P.A. 2455 E. SUNRISE BOULEVARD, STE. 1000 FT. LAUDERDALE, FL 33304 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ■ Addition INTERVEST MANAGEMENT, LTD. NAME NAME STREET ADDRESS 15 EAST 5TH STREET, SUITE 2700 STREET ADDRESS CITY-ST-ZIP TULSA, OK 74103 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED

Interest Management Ltd 63 President of nerage

Date

Daytime Phone #

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

SIGNATURE: