2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000002014

1. Entity Name
D & B RENTALS OF MARCO ISLAND, FL., LLC

Principal Place of Business	Mailing Address
2449 PASSAGE KEY TRAIL BEAVERCREEK, OH 45385	2449 PASSAGE KEY TRAIL BEAVERCREEK, OH 45385

04132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1569301

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, LINDA E
980 CAPE MARCO DRIVE UNIT 1704
MARCO ISLAND, FL 34145

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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 _____ DATE
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

U00000906883
05/05/08-80008-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAILEY, LINDA E
STREET ADDRESS	2449 PASSAGE KEY TRAIL
CITY-ST-ZIP	BEAVERCREEK, OH 45385
TITLE	MGRM
NAME	DIXON, C. STEVEN
STREET ADDRESS	2449 PASSAGE KEY TRAIL
CITY-ST-ZIP	BEAVERCREEK, OH 45385
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Linda E Bailey 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #