



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M12000007225 1. Entity Name PMB RENTALS, LLC		
Principal Place of Business 309 NORTH MARKET STREET PARIS, TN 38242		Mailing Address 309 NORTH MARKET STREET PARIS, TN 38242
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		 01032007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 62-1643560 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required 000000584194 01/12/07-80028-001 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERRY, AUSTIN 309 N MARKET ST PARIS, TN 38242	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCAIN, LYNN 309 N MARKET ST PARIS, TN 38242	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOYD, TIM 309 N MARKET ST PARIS, TN 38242	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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. SIGNATURE: <u>Tim Boyd</u> 1-5-07 731-642-0006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		