## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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CHY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CHY-ST-ZIP

## Jul 26, 2004 08:00 AM **DOCUMENT # L00000004465 Secretary of State** 1. Entity Name C & M LEASING, L.L.C. Principal Place of Business Mailing Address 2 VIA VERONA 2 VIA VERONA PALM COAST, FL 37137 PALM COAST, FL 37137 07202004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 62-1813149 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JESMONTH, RICHARD E DO NOT WRITE 200 S. TARRAGONA STREET PENSACOLA, FL 32502 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 7-20-04 SIGNATURE. Signature, typed or printed name of registered agent (NOTE. Registered Agent signature required when reinstating): DATE Filing Fee is \$50,00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 8. U00000188448 MGR TITUE. 07/26/04-80014-804 55.00 NACARATO, MICHAEL J JR. NAME 2 VIA VERONA STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 37137 THILE NACARATO, TERESA STREET ADDRESS 2 VIA VERONA CITY -ST-ZIP PALM COAST, FL 37137 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED** 

11. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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 path, 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: White Housely	7-20-04	615-347-6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date /	Daytime Phone #