


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L00000004465<br>1. Entity Name<br>C & M LEASING, L.L.C. |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                     |                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------|
| Principal Place of Business<br>2 VIA VERONA<br>PALM COAST, FL 37137 | Mailing Address<br>2 VIA VERONA<br>PALM COAST, FL 37137 |
|---------------------------------------------------------------------|---------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



07202004 No Chg-LLC CR2E083 (10/03)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br>62-1813149                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|                                                                                                                              |                               |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>JESMONTH, RICHARD E<br>200 S. TARRAGONA STREET<br>PENSACOLA, FL 32502 | DO NOT WRITE<br>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: Michael J. Nacarato DATE: 7-20-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>NACARATO, MICHAEL J JR.<br>2 VIA VERONA<br>PALM COAST, FL 37137 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>NACARATO, TERESA<br>2 VIA VERONA<br>PALM COAST, FL 37137          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |

L00000168448  
07/26/04-80014-004 55.00

DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael J. Nacarato DATE: 7-20-04 DAYTIME PHONE #: 615-347-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #