2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004468

1. Entity Name
ASSET LEASING LLC

FILED
Feb 04, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
19137 GUNN HIGHWAY ODESSA, FL 33556	19137 GUNN HIGHWAY ODESSA, FL 33556

02022004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3707633

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JILL
1000 ROYAL PASS RD
TAMPA, FL 33602

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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)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JIL, FERNANDEZ
STREET ADDRESS	1000 ROYAL PASS RD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	JOSEPH, FERNANDEZ SR
STREET ADDRESS	1000 ROYAL PASS RD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/04-80023-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jill Fernandez 2/2/04 (813) 230-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #