## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 1 02000020121



**FILED** Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90022 040 \*\*\*\*50.00

1. Entity Nam	EASING COMPANY, LLC									
Principal Plac	e of Business	Mailing Address	Mailing Address							
5200 BLUE LAGOON DRIVE. SUITE 600 MIAMI FL 33162		5200 BLUE LAGOON DRI MIAMI FL 33162	5200 BLUE LAGOON DRIVE. SUITE 800 MIAMI FL 33162		11881	rii dii canis wan senji dalil aliji	20	0240	107	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MA	aking C	HANGES		
City & State		City & State	City & State					oplied For of Applicable	e	
Zip	Country	Zip	Country	у	5. Certificate of Status Desired			e Require		
6. Name and Address of Current Registered Agent					7. Name a	nd Address of New Regist	ered Age	ent		7
LEDE	TO MATUAN LECO		- <u></u> :	Name						
LEDER, NATHAN I ESQ. 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI FL 33162				Street Address (I	P.O. Box Num	ber is Not Acceptable)	-			
nnu-n i	AI FL 33102		, ,							
	•		Ĺ	City	FL Zip Code					7
the obligati	named entity submits this statemer ions of registered agent.  Signature, typed or printed name of registered ag			d office or registere			I am fam	niliar with,	and accept	
<i>y</i> =	Signature, typero or printers maner or regional or or				m. 101. 101. 101. 101.					1
				EE IS \$50.00	of State					
		Make Check Paya	able to Flor Due By May		ul oi smie					
•	MANACINIC MEN		10.			ADDITIONS/CHA	MGES		<del></del>	-
9.		MBERS/MANAGERS  Delete	10.		<del>- i.</del>	ADDITIONS/OFF		] Change	Addition	18
TITLE NAME	MGRM LEDER, NATHAN I		NAME				_	] 01050		ğ
STREET ADDRESS	5200 BLUE LAGOON DRIVE,	SUITE 600		ADORESS						CR2E083 (10/02)
CITY-ST-ZIP	MIAMI FL 33162		CITY-S	T-ZIP	•••					照
TITLE	MGRM Delete		TITLE					] Change	Addition	5
NAME STREET ADDRESS	BODENHAMER, WILLIAM H JR.		NAME	ADDRESS						
CITY-ST-ZIP	5200 BLUE LAGOON DRIVE,	SUITE 600	CITY-S							
TITLE	MIAMLEL 33162	Delete	TITLE	, <u></u>				Change	Addition	1
NAME		- Delega	NAME				_	J Orango		
STREET ADDRESS			STREET	ADDRESS		<del></del>		<del></del>		
CITY-ST-ZIP			city-s	T-ZIP						╛
TITLE		Delete	TITLE					Change	■ Addition	
NAME STREET ADDRESS	3		MAME	ADDRESS						
CITY-ST-ZIP			CITY-ST	i i						
TITLE		☐ Delete	TITLE					Change	☐ Addition	1
NAME	·		NAME							
STREET ADDRESS				ADDRESS						1
CITY-ST-ZIP	1		CITY-ST	T-ZIP						-
TITLE	•	☐ Delete	T/TLE NAME				ليا	Change	☐ Addition	
NAME STREET ADDRESS	1 1			ADDRESS						
CITY-ST-ZIP	i I	٠.	CITY-ST	I						1
11. I hereby c indicated	ertify that the information supplied von this report is true and accurate a	with this filing does not qualify fund that my signature shall hav	for the exemp	otion stated in Sec egal effect as if me	ction 119.07(3 ade under oa	)(i), Florida Statutes. I furthe th; that I am a managing m	er certify ember or	that the in	formation of the	