

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 10, 2006  
Secretary of State**

DOCUMENT# L04000037186

Entity Name: C & R LEASING, LLC

**Current Principal Place of Business:**

1104 WEST OAK STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1104 WEST OAK STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 76-0759233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CROTTY, R C JR.  
1104 WEST OAK STREET  
KISSIMMEE, FL 34741    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: ROBERTS, JOHNSTON C III  
Address: 1125 PINAR DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: CROTTY, R C JR.  
Address: 1104 WEST OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. C. CROTTY, JR.

MGMR

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date