2006 LIMITED LIABILITY COMPANY

NAME SIRFET ADDRESS CITY-ST-ZIP

Jan 25, 2006 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # L99000006249 1. Entity Name DL LEASING FLORIDA, L.L.C. Principal Place of Business Mailing Address 7914 WILES ROAD 7914 WILES ROAD CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Nox Applicable 36-4331516 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOUGLASS, SCOTT DO NOT WRITE **4946 NW 82 TERRACE** CORAL SPRINGS, FL 33067 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, 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 May 1, 2006 MANAGING MEMBERS/MANAGERS 9. DDF DOUGLASS, SCOTT NAME 4946 NW 82 TERR. SUBFET ADDRESS UNON00401801 02/02/06-80057-014 50.00 CITY-S1-27P CORAL SPRINGS, FL 33067 MGRM TITLE LEAVY, RANDALL \$ NAME 5023 SWEETWATER TERRACE STREET ADDRESS CITY-S1-ZIP COOPER CITY, FL 33330 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-Z)P 71712

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

V) EO NAME OF SIGNING MANAGING

FILED