

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008225**

**1. Entity Name**  
**FLORIDA LEASING LLC**



**Principal Place of Business**  
**11540 HIGHWAY 92 EAST**  
**SEFFNER, FL 33584**

**Mailing Address**  
**11540 HIGHWAY 92 EAST**  
**SEFFNER, FL 33584**



01052008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**03-0400980**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BEYER, DAVID A**  
**C/O PIPER MARBURY RUDNICK & WOLFE LLP**  
**101 EAST KENNEDY BLVD., SUITE 2000**  
**TAMPA, FL 33602**

**DO NOT WRITE  
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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

000000432312  
02/23/06-80064-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MEM  
**NAME** R.T.G. FURNITURE CORP.  
**STREET ADDRESS** 11540 HIGHWAY 92 EAST  
**CITY-ST-ZIP** SEFFNER, FL 33584

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**LEWIS STEIN, VICE PRES.**

Date

2-8-6

Daytime Phone #

813-623-5400

OF MANAGING MEMBER