



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90186 012 \*\*\*\*\*50.00

<b>DOCUMENT # L00000005503</b> 1. Entity Name <b>ADMONT LEASING, LLC</b>					
Principal Place of Business <b>395 COMMERCIAL COURT SUITE D VENICE, FL 34292</b>			Mailing Address <b>395 COMMERCIAL COURT SUITE D VENICE, FL 34292</b>		
2. Principal Place of Business <b>740 Commerce Drive</b>		3. Mailing Address <b>740 Commerce Drive</b>		<b>24000303</b>  	
Suite, Apt. #, etc. <b>Unit 9</b>		Suite, Apt. #, etc. <b>Unit 9</b>		01292004    Chg-LLC    CR2E083 (10/03)	
City & State <b>VENICE FLORIDA</b>		City & State <b>VENICE FLORIDA</b>		4. FEI Number <b>65-1008703</b>	
Zip <b>34292</b>		Country <b>SARASOTA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34292</b>		Country <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOONE,BOONE,BOONE,HINES &amp; KODA, PA 1001 AVE DEL CIRCO PO BOX 1596 VENICE, FL 34285</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ADRIAN, DENNIS 2073 PORTER LAKE DRIVE, UNIT C SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Adrian, DENNIS 740 Commerce Drive Unit 9 VENICE, FLORIDA 34292</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Den E Adrian</u> <b>DENNIS E. ADRIAN</b> <u>1/31/04</u> <u>944-485-6507</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					