

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001493

1. Entity Name  
ACH LEASING, LLC



Principal Place of Business  
5280 PALM BEACH LAKES BLVD., STE. 209B  
WEST PALM BEACH, FL 33409

Mailing Address  
5280 PALM BEACH LAKES BLVD., STE. 209B  
WEST PALM BEACH, FL 33409

FILED

03 APR 24 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

5280 NORTH OCEAN DR. APT. 16C

Suite, Apt. #, etc.

City & State  
SINGER ISLAND, FL

Zip  
33404

Country  
PALM BEACH

3. Mailing Address

5280 NORTH OCEAN DRIVE

Suite, Apt. #, etc.

City & State  
SINGER ISLAND, FL

Zip  
33404

Country  
PALM BEACH



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0986749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONIGER, WILLIAM  
5280 NORTH OCEAN DR. APT. 16C  
SINGER ISLAND, FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when maintaining)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME JACOBY, DEBORAH  
STREET ADDRESS 86 LOCUST LANE  
CITY- ST- ZIP UPPER SADDLE RIVER, NJ 07458

TITLE MEM ☐ Delete  
NAME DAVID MYERSON TRUST  
STREET ADDRESS 6280 N. OCEAN DRIVE  
CITY- ST- ZIP SINGER ISLAND, FL 33404

TITLE MEM ☐ Delete  
NAME PLATTEN, SHERYL  
STREET ADDRESS 35 COTTON STREET  
CITY- ST- ZIP NEWTON, MA 02458

TITLE MGR ☐ Delete  
NAME DONIGER, WILLIAM  
STREET ADDRESS 5280 NORTH OCEAN DR.  
CITY- ST- ZIP SINGER ISLAND, FL 33404

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500016957045  
CITY- ST- ZIP 04/24/03--01043--018 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 609, Florida Statutes.

SIGNATURE:

William Doniger MANAGER William Doniger

4/16/03

561-512-8451

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

Date

Daytime Phone #

CR2E083 (10/02)