2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

	ANNUAL RI	EPORT "				05 08:00
DOCU	MENT # L00000010999				Secreta	ry of Sta
1. Entity Nar	ne					
C & J LEASING COMPANY OF LEE COUNTY, L.L.C.						
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Principal Plac	ce of Business Ma	ling Address		,		
2150 WEST	FIRST STREET 21	50 WEST FIRST STREET	1			
i forimyek I	S, FL 33901 FC	RT MYERS, FL 33901				
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				01192005 No Chg-LLC CR2E083 (10/03)		
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•	O NOT WAITE IN	I ITIIO OFA		4. FEI Number 65-1050740		Applied For
						Not Applicable 5.00 Additional
				5. Certificate of Status Desired	I D Te	e Required
	6. Name and Address of Current Registe	ered Agent				
COWELL, BLANCHE 2150 WEST FIRST STREET FORT MYERS, FL 33901			10.00	DO NOT V	VOITE	
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				IN THIS S	PACE	
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8. The above	named entity submits this statement for the pu	races of changing its register	red office or register	ed arient or both in the State of	Elorida I om for	niliar with and accept
the obliga	tions of registered agent.	, and a second of the second	or office of regions.	so agoing or sound in this atoto of	ronde ramian	ma wa, aka accept
SIGNATURE.						
	Signature, typed or printed name of registered agent and title if a	epplicable (NOTE Registers	ed Agent signature required	witten reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005			I (A.A.		_
D	ue by May 1, 2005			(301) 027157	UUU223619 AS-BAAAS	3 -010 50.00
9.	MANAGING MEMBERS/MA	NAGERS		10.7 kg/		010 30.00
TITLE	MGR					
NAME STREET ADDRESS	WHEELER, CATHLEEN J 10060 SAN PABLO ST					The Control of States
CITY ST-ZIP	FT MYERS, FL 33919			The state of the s		ار و الأمل الحال الأولى المارية. معالم المارية
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STREET ADDRESS CITY ST-ZIP	15071 N PEBBLE LN FT MYERS, FL		,	and the second of the second o		
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CITY-ST-ZIP	1		ł	The state of the s		and the many property

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.

CICNIATURE.

TITLE
NAME,
STREET ADDRESS
CITY-ST-ZIP

Outles SW ealCathleen J. Wheeler

01-24-05 239-334-2039

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

Date

Daytime Phone #