


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000001562 1. Entity Name EAS LEASING, LLC |  |
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| Principal Place of Business 2720 DELMAR DRIVE GULF BREEZE, FL 32563 | Mailing Address 1333 COLLEGE PKWY #125 GULF BREEZE, FL 32563 |
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02212008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 59-3695408 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HIGHTOWER, DAVID E 3 WEST GARDEN ST., STE. 700 PENSACOLA, FL 32561 |
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**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SPRAGUE, GORDON J 2720 DELMAR DRIVE GULF BREEZE, FL 32563 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPRAGUE, ELIZABETH A 2720 DELMAR DRIVE GULF BREEZE, FL 32563 |
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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 *Authorized Representative* **3/13/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

8509340738