2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2008 08:00 A DOCUMENT # L01000006130 Secretary of State CRT LEASING, L.L.C. Principal Place of Business Mailing Address 1986 35TH AVE 1986 35TH AVE VERO BEACH, FL 32960 VERO BEACH, FL 32960 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1101776 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEC CONSULTANTS, INC. DO NOT WRITE 1515INDIAN RIVER BLVD **SUITE A 210** IN THIS SPACE VERO BEACH, FL 32960 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 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE HULECKI, STEVEN J MD NAME 1986 35TH AVE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 MGRM CRAWFORD, JOSEPH P MD NAME STREET ADDRESS 1986 35TH AVE. CITY-ST-ZIP VERO BEACH, FL 32960 04/08/08-80027-011 138.75 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filting 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR I