

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# L01000014221

Entity Name: T & H LEASING, LLC

Current Principal Place of Business:

515 NORTH FLAGLER DRIVE
SUITE 1400
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

515 NORTH FLAGLER DRIVE
SUITE 1400
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 01-0556420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: TWITHY, PAUL
Address: 515 N. FLAGER DR., STE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P () Delete
Name: HANSER, WILLIAM
Address: 515 N. FLAGER DR., STE 1400
City-St-Zip: WEST PALM BEACH, FL 334041

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TWITHY, PAUL
Address: 515 N. FLAGER DR., STE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Change () Addition
Name: HANSER, WILLIAM
Address: 515 N. FLAGER DR., STE 1400
City-St-Zip: WEST PALM BEACH, FL 334041

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL M. TWITTY

MGR

01/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date