

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 19, 2006  
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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 TWITTY

MGR

04/19/2006

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