


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015209 1. Entity Name ADLF LEASING, L.L.C.	
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Principal Place of Business 6421 CONGRESS AVENUE, SUITE 117 BOCA RATON, FL 33487	Mailing Address PO BOX 1330 BOCA RATON, FL 33429
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04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0036933	Applied For <input type="checkbox"/> Not Applicable
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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 ALPER, JONATHAN 274 KIPLING COURT HEATHROW, FL 3327-46	
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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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROOF, WILLIAM H 2627 TRENTWOOD BLVD. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04222004-00017-009 50.00

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.

SIGNATURE: William H Roof **WILLIAM H. ROOF** 4-28-04 561-393-4257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #