


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 03, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000015953</b> 1. Entity Name FINANCIAL CENTER LEASING, LLC	
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Principal Place of Business 712 S OREGON AVE 200 TAMPA, FL 33606	Mailing Address 712 S OREGON AVE 200 TAMPA, FL 33606
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04202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3349533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KRUSEN, WILLIAM A JR. 712 S OREGON AVE 200 TAMPA, FL 33606
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000361142  
05/05/05-80054-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRUSEN, W A SR 712 S OREGON AVE 200 TAMPA, FL 33606
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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:** W.A. Krusen, SR Manager 4-25-05 813-837-3009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #