



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90027 013 ****50.00

DOCUMENT # L01000015953 1. Entity Name FINANCIAL CENTER LEASING, LLC					
Principal Place of Business 712 S OREGON AVE 200 TAMPA, FL 33606				Mailing Address 712 S OREGON AVE 200 TAMPA, FL 33606	
2. Principal Place of Business 1414 W SWANN AVENUE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606		3. Mailing Address 1414 W. SWANN AVENUE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606			
4. FEI Number 59-3349533				04102006 Chg-LLC CR2E083 (11/05) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent KRUSEN, WILLIAM A JR. 712 S OREGON AVE 200 TAMPA, FL 33606	
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1414 W SWANN AVE, SUITE 100 City TAMPA				Zip Code FL 33606	
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 <u><i>William A. Krusen, Jr.</i></u> WILLIAM A. KRUSEN, JR. DATE <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUSEN, W A SR 712 S OREGON AVE 200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUSEN, WILLIAM A., JR 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRUSEN, W A SR 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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: <u><i>William A. Krusen, Jr.</i></u> WILLIAM A. KRUSEN, JR MGR DATE <u>4/24/06</u> DAYTIME PHONE # <u>813-837-3009</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					