


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90016 001 ****50.00

DOCUMENT # L01000019895 1. Entity Name INDIAN CREEK LEASING, LLC					
Principal Place of Business 8400 RUMFORD DR BOYNTON BEACH, FL 33437 US			Mailing Address 8400 RUMFORD DR BOYNTON BEACH, FL 33437 US		
2. Principal Place of Business 8400 RUNFORD DR Suite, Apt. #, etc.		3. Mailing Address 8400 RUNFORD DR Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1154522	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENT, MICHAEL R II 8400 RUMFORD DR BOYNTON BEACH, FL 33437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8400 RUNFORD DR City FL Zip Code	
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>MICHAEL R. KENT II</u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENT, MICHAEL R II 8400 RUMFORD DR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8400 RUNFORD DR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENT, MICHAEL R 21640 CARTAGENA DR BOCA RATON, FL 33428 <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	
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 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: X			MICHAEL R. KENT II		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/8/04 Daytime Phone #		