

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000321

FILED
Jan 15, 2004
Secretary of State

Entity Name: STRAIGHT A LEASING, LLC

Current Principal Place of Business:

100 BAYVIEW DRIVE
1116
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

500 SE 5TH AVENUE
701
BOCA RATON, FL 33432 US

Current Mailing Address:

100 BAYVIEW DRIVE
1116
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

500 SE 5TH AVENUE
701
BOCA RATON, FL 33432 US

FEI Number: 01-0551766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, LILY
100 BAYVIEW DRIVE
1116
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

LEVY, LILY
500 SE 5TH AVENUE
701
BOCA RATON, FL 33432 US

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: LILY LEVY

01/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEVY, LILY
Address: 100 BAYVIEW DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVY, LILY
Address: 500 SE 5TH AVENUE, #701
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Change (X) Addition
Name: LEVY, LILY
Address: 500 SE 5TH AVENUE, #701
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILY LEVY

MGRM

01/15/2004

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