2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004665

1. Entity Name

CORPORATE CAR LEASING, LLC



P.O. BOX 3319 SARASOTA, FL 34230

Principal Place of Business

Mailing Address P.O. BOX 3319 SARASOTA, FL 34230 FILED
May 01, 2006 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3639294 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEPP, WALTER 1522 HILLVIEW DRIVE SARASOTA, FL 34239

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	iging its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signalure, typed or printed name of registered agent and little if applicable	(NOTE Registered	Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS		, , , , , , , , , , , , , , , , , , , 		
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	MGRM HEPP, WALTER P.O. BOX 3319 SARASOTA, FL 34230	 		U00000549131 05/13/06-80005-025 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO NOT WRITE	
THE NAME STREET ADDRESS CALY-ST-ZAP		_	DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	IN THIS SPACE	
TITLE NAME STREET ADDRESS CATY-ST-ZIP					
TITLE MAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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.					

ED NAME OF SIGNING WANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE