

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90020 033 ****50.00

DOCUMENT # L02000004805

1. Entity Name

HOME FRONT LEASING, L.L.C.



Principal Place of Business

1212 NW 16TH ST. 16TH ST.
BOCA RATON FL 33486

Mailing Address

PO BOX 272129
BOCA RATON FL 33427

2. Principal Place of Business

1212 N.W. 16TH ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMER, RUSS
1212 NW 16TH ST. 16TH ST.
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1212 N.W. 16TH STREET

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

Russ Hammer Russ Hammer

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PHAMMER
NAME HOMMER, RUSS
STREET ADDRESS 1212 NW 16TH ST. 16TH ST.
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE NAME VP
NAME HAMMER, SANDRA A
STREET ADDRESS 1212 NW 16TH ST. 16TH ST.
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
NAME
STREET ADDRESS 1212 N.W. 16TH STREET
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS 1212 N.W. 16TH STREET
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Russ Hammer Russ Hammer 1/22/04 (561) 212-3682