## **FILED**

ANNUAL REPORT				Jan 09, 2006 08:00 AM	
1. Entity Nam	MENT # L02000041 RONT LEASING, L.L.C.	805		Secretary of State	
1212 NW 16TH ST F		Mailing Address PO BOX 272129 BOCA RATON, FL 33427			
DO NOT WRITE IN THIS SPA			ACE	01052006 No Chg-LLC CR2E083 (11/05)  4. FE) Number Applied For NOT APPLICABLE Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAMMER, RUSS 1212 NW 16TH ST.  BOCA RATON, FL 33486				DO NOT WRITE IN THIS SPACE	
the obligation of the street o	tions of registered agent.  RUSS HSMMER  Signature typed or printed name of registered about a	assimply.	stered office or register	ect agent, or both, in the State of Florida. I am familiar with, and accept \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
0	ue by May 1, 2006			≀0000379846 01/10706-80033-016 50.00	
9.  SITE NAME STREET ADDRESS GITY- SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBE P HAMMER, RUSS 1212 NW 16TH STREET BOCA RATON, FL 33486 VP HAMMER, SANDRA A 1212 NW 16TH STREET BOCA RATON, FL 33486	RS/MANAGERS		DO NOT WRITE	
INTLE NAME SIREEI ADDRESS GITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME		247 -		IN THIS SPACE	

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.

SIGNATURE:

STREET ADDRESS City-SI-ZIP

signature and typed or printed name of signing managing member, or authorized representative