

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006170**

1. Entity Name  
**G & J LEASING, LLC**



Principal Place of Business  
**P.O. BOX 291935  
PORT ORANGE, FL 32129**

Mailing Address  
**P.O. BOX 291935  
PORT ORANGE, FL 32129**

**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**01-0633768**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRYAN, JOHN S  
1554 RUSTY CIRCLE  
PORT ORANGE, FL 32129**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | MGR                   |
| NAME           | BRYAN, JOHN S         |
| STREET ADDRESS | P.O. BOX 291935       |
| CITY-ST-ZIP    | PORT ORANGE, FL 32129 |
| TITLE          | MGR                   |
| NAME           | BRYAN, GLORIA G       |
| STREET ADDRESS | P.O. BOX 291935       |
| CITY-ST-ZIP    | PORT ORANGE, FL 32129 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

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04/21/06-80006-001 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:**

*John S Bryan* **John S Bryan** 4/4/06

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

Date

Daytime Phone #

386  
405 4336