2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000006170

1. Entity Name G & J LEASING, LLC



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

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

PORT ORANGE, FL 32129



03262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0633768 Applied For-Not Applicable

5. Certificate of Status Desired

×

DATE

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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The above named entity submits this statement for the purpose of changing its registered office of	r registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.	•	
·		
SIGNATURE	·	

(NOTE; Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGR BRYAN, JOHN S
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 291935 PORT ORANGE, FL 32129
TULE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, GLORIA G P.O. BOX 291935 PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZUP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

TYPED OF PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/26/07

386 4336

Date

Daytima Phone #