## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## **DOCUMENT # L02000028228**

ARMELLINI LEASING, LLC



Principal Place of Business

Mailing Address

3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990

3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990

## **FILED** May 11, 2006 8:00 am Secretary of State

05-11-2006 90019 026 \*\*\*\*55.00



01252006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 04-3719160 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

NICHOLASON, JOHN J 3446 S.W. ARMELLINI AVE

TEDE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE

| PALM CIT                                    | Y, FL 34990   | IN THIS SPACE   |
|---|---|---|
|   | named entity submits this statement for the purpose of changing ions of registered agent. | g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| 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<br>Due by May 1, 2006 |   |   |
| 9.  | MANAGING MEMBERS/MANAGERS   |   |
| TITLE                                       | MGR ;   |   |
| NAME  | DUSHARM JUDITH R  |   |
| STREET ADDRESS                              | 1230 S.W. DYER POINT RD.  |   |
| CITY-ST-ZIP                                 | PALM CITY, FL 34990   |   |
| TITLE                                       | MGR   | X IAMAAAAA  |
| NAME  | NICHOLASON, JOHN J  | nal colore concer our re-co   |
| STREET ADDRESS                              | 1149 S.W. HOGAN STREET  | 04VC0.000 @100 J. 00.7 33.00  |
| CITY-ST-ZIP                                 | PORT ST LUCIE, FL 34983   |   |
| TITLÉ                                       |   |   |
| NAME  |   |   |
| STREET ADDRESS                              |   | DO NOT WRITE  |
| CITY-ST-ZIP                                 |   | DO NOT WRITE  |
| TITLE                                       |   | IN THIS SPACE   |
| NAME  |   | IN THIS SPACE   |
| STREET ADDRESS                              |   |   |
| CITY-ST-ZIP                                 |   |   |
| TITLE                                       |   |   |
| NAME  |   |   |
| STREET ADDRESS                              |   |   |
| CITY-ST-ZIP                                 |   |   |

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 on the releiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RINTED HAME OF STONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE