


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000028228 1. Entity Name ARMELLINI LEASING, LLC	
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Principal Place of Business 3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990	Mailing Address 3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990
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DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3719160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NICHOLASON, JOHN J 3446 S.W. ARMELLINI AVE. PALM CITY, FL 34990

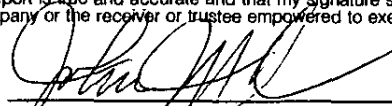
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUSHARM, JUDITH R 1230 S.W. DYER POINT RD. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLASON, JOHN J 1149 S.W. HOGAN STREET PORT ST LUCIE, FL 34983
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<p>U00000836738 03/04/08-80029-008 143.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	John J. Nicholason, MGR 772-287-0575 <small>Date Daytime Phone #</small>
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