

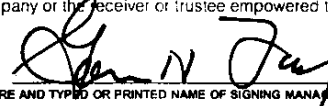


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90055 015 ****55.00

DOCUMENT # L03000000737 1. Entity Name GLENRIDGE LEASING COMPANY LLC					
Principal Place of Business 4110 CENTERPOINTE DR. STE 207 FT MYERS, FL 33916			Mailing Address 4110 CENTERPOINTE DR. STE 207 FT MYERS, FL 33916		
2. Principal Place of Business - No P.O. Box # 4110 CENTER POINTE DR.		3. Mailing Address 4110 CENTER POINTE DR.			
Suite, Apt. #, etc. SUITE 207		Suite, Apt. #, etc. SUITE 207			
City & State FORT MYERS, FL		City & State FORT MYERS, FL			
Zip 33916-9424		Zip 33916-9424			
Country US		Country US		01082007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 04-2759078				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 FAY, SUSAN JANE 4110 CENTERPOINTE DR. STE 207 FT MYERS, FL 33916	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4110 CENTER POINTE DR. SUITE 207 City FORT MYERS FL Zip Code 33916-9424				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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: <input type="checkbox"/> Delete FAY, GORDON H 4110 CENTER POINTE DR. FORT MYERS, FL 33916				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
33916-9424					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  GORDON H. FAY 1/23/07 (239) 275-6060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					