

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000007052

1. Entity Name
SEVERT LEASING, LLC



Principal Place of Business
3725- B STATE ROAD 16
ST. AUGUSTINE, FL 32092 US

Mailing Address
3725- B STATE ROAD 16
ST. AUGUSTINE, FL 32092 US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02192007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 06-1683365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PLATT, BENJAMIN L
1200 PLANTATION ISLAND DR.
STE. 230
ST. AUGUSTINE, FL 32080

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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, 2007**

300090594913
03/05/07--01002--013 **400.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVERT, MICHAEL 3725- B STATE ROAD 16 ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVERT, DANIEL 3725- B STATE ROAD 16 ST. AUGUSTINE, FL 32092
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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: Daniel Severt 2-21-07 904-824-8071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

20.3/5