

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015658

FILED
Apr 20, 2007
Secretary of State

Entity Name: WELLS FARGO FINANCIAL LEASING FLORIDA LLC

Current Principal Place of Business:

800 WALNUT STREET
DES MOINES, IA 503093636

New Principal Place of Business:

Current Mailing Address:

800 WALNUT STREET, F4030-102
DES MOINES, IA 503093636

New Mailing Address:

800 WALNUT STREET, F4030-092
DES MOINES, IA 503093636

FEI Number: 71-0949006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDERSON, DEAN R
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

Title: MGR () Delete
Name: POETTING, GARY M
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

Title: MGR () Delete
Name: RAMSAY, REED W
Address: 800 WALNUT STREET
City-St-Zip: DES MOINES, IA 503093636

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEAN R. ANDERSON

MGR

04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date