## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 08, 2004 8:00 am Secretary of State **DOCUMENT # L03000017529** 04-08-2004 90272 033 \*\*\*\*50.00 GREAT DEAL LEASING CO., LLC Mailing Address Principal Place of Business 1217 CAPE CORAL PKWY #300 1217 CAPE CORAL PKWY # 300 CAPE CORAL, FL 33904-9604 CAPE CORAL, FL 33904-9604 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 CR2E083 (10/03) Chg-LLC Applied For City & State 4. FEI Number City & State 183 Not Applicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 1217 CAPE CORAL PKWY. # 300 CAPE CORAL, FL 33904-9604 Zip Code 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. OATE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 ٠,,, Florida Department of State Due by May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MAKE Addition MEN ☐ Delete пп в Change ~ TITLE FREY CAMP of SARASOTA L NAME p of Jarosta SARAJOTA FL 34239 MGAR STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE MARITAN FREU MD PL NAME NAME 1921 WALDEFERST #J12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARAJOTA PL MERM Change. Addition Delete πпе MARTIN FROY NAME NAME 15 PARADINE A. #3TE SARADOTA R 34239 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete. TITE F ☐ Change TITLE NAME NAME A Character of the STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 peceiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. - 557-/670

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E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED**