2005 LIMITED LIABILITY COMPANY - ANNUAL REPORT

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030222 1. Entity Name DURGAN LEASING, LLC				,		
Principal Place of Business 2801 N POWERLINE RD POMPANO BEACH, FL 33069 Mailing Address 2801 N POWERLINE RD POMPANO BEACH, FL 33069				. BBITBE (IIII BEICE (1818 ILEIS (1886) 191 146)		
				01212005 No Chg-LLC	CR2E083 (10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 73-1689147 5. Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Current Re-	distered Agent			· · · · · · · · · · · · · · · · · · ·	
RAYMOND, JOHN J JR. BUTZEL LONG, P.C. STE 420, 1200 N FEDERAL HWY BOCA RATON, FL 33432				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 famillar 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 regulted when reinstating) DATE						
Filing Fee is \$50.00 Due by May 1, 2005						
9.	MANAGING MEMBERS	/MANAGERS		יחמממנו	362976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, BRENT 2620 NW 15TH CT. POMPANO BEACH, FL 33069			05/05/05-8	362976 80138-021 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_DO NOT W	RITE	
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN THIS SP	ACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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 cath; 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.						