2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Apr 21, 2008 8:00 am Secretary of State 03-24-2008 90241 018 ***138.75

1. Entity Nam	MENT # L0300004 ian leasing, LLC	i1319 -√-			3-24-2008 902		,
Principal Place	n of Purciners	Mailing Address		_	30004	1443	
Principal Place of Business 3227 WESTMINSTER DRIVE		_	3227 WESTMINSTER DRIVE				
BOCA RATON, FL 33496 US		BOCA RATON, FL 33496 US			•		
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address				
	- <u>-</u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Sume, Apt. #, etc.		Chg-LLC	CR2E083 (12/06))
City & State		City & State	City & Strate		xer		pplied For
Ony & States		City a Supply	City & Salato		38860		lot Applicat
Zip Country		Zip	Zip Country			¢5.00 44	
,			,	5. Certificati	e of Status Desired	Fee Require	
	6. Name and Address of Curre	nt Registered Agent		7. Name an	d Address of New F	legistered Agent	
			Name -	Joanne	Apoleba	Line	•
	UM, DAVID ITMINSTER DRIVE		Street Act	dress (P.O. Box Numb	we is Not Acceptable	e)	
	TON, FL 33496					-,	
Doortiot	1011,12 30100		2	227 We	stminstr	1 12c	
	. ∄			SO I WE	24W1211	7 7 Con	<u> </u>
	1 1	•	l chy 3	oca Raton		FL 线锁	36
8. The above	rapped entity/submits this statement	t for the purpose of changing its	registered office or a	egistered agent, or bo	oth, in the State of Fi	orida. I am familiar with	, and accer
the obligat	boris di regionere di poerti.	^				31.1.00	
SIGNATURE	This yelly	Josnoe H	polebail	\sim		318108	
	Sporting, typed or printed name of registered ap	era and the II applicable. (AOT)	P Registered Agent signatur	(printed when reinstating		DATE	
	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.	.75				te check payable to a Department of Stat	te ·
9.	MANAGING MEM	IBERS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	MGR	☐ Debta	TILE			Change	Additi
NAME	APPLEBAUM, JOANNE		IVME				
STREET ADDRESS	3227 WESTMINSTER DRIVE		STREET ADDRESS				
City-St-70P	BOCA RATON, FL 33496		CITY-ST-ZIP				
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HAME	Į.		MATE				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-DP			CITY-ST-ZEP				
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NAME]		NAME				
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CITY-ST-ZIP			CITY-ST-ZEP				
TITLE	i	Delete	TITLE			Change	Addition Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS City-St-Zip				
							
mu.E	1	☐ Delete	TITLE			Change	☐ Addill
NAME Street Address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<u> </u>	 		 - - - - - - 			<u></u>	
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				
	1						
C314-S1-7P			CITY-ST-799				
CITY-ST-ZIP	certily that the information supplied v	with this filing close and available	CITY-ST-ZIP	tained in Chanter 140	Bodda Statutas 11	urther partify that the I-f-	