

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000048150 1. Entity Name LAZZARA LEASING, LLC	
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Principal Place of Business 5300 WEST TYSON AVENUE TAMPA, FL 33611	Mailing Address 5300 WEST TYSON AVENUE TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE



04042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1480384	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LAZZARA, STEVEN B
5300 WEST TYSON AVENUE
TAMPA, FL 33611**

**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 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 retreating)	DATE _____
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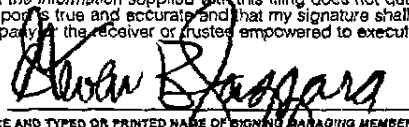
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAZZARA, STEVEN B 5300 WEST TYSON AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAZZARA, RICHARD C 5300 WEST TYSON AVENUE TAMPA, FL 33611
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U000000522970
05/03/06-80053-021 150.00

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; the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  STEVEN B. LAZZARA 4-1-06 839-0090	Date	Daytime Phone #
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