2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L03000051973

Entity Name: JABEZ COMMERCIAL LEASING LLC

Current Principal Place of Business:

5593 NW WESLEY RD
PORT ST LUCIE, FL 34986

New Principal Place of Business:

10972 SW HARTWICK DRIVE
PORT ST LUCIE, FL 34987

Current Mailing Address:

5593 NW WESLEY RD
PORT ST LUCIE, FL 34986

New Mailing Address:

10972 SW HARTWICK DRIVE
PORT ST LUCIE, FL 34987

FEI Number: 26-0075439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

APONTE, LISA-JANE
5593 NW WESLTY RD
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

APONTE, LISA-JANE
10972 SW HARTWICK DRIVE
PORT ST LUCIE, FL 34987 US

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: LISA-JANE APONTE 05/02/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: APONTE, LISA-JANE
Address: 5593 NW WESLEY RD
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: APONTE, LISA-JANE
Address: 10972 SW HARTWICK DRIVE
City-St-Zip: PORT ST LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA-JANE APONTE PRES 05/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date