


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000007352  
 1. Entity Name  
 DCL LEASING, LLC



Principal Place of Business 9174 VALLEY OAK PLACE JUPITER, FL 33478	Mailing Address 9174 VALLEY OAK PLACE JUPITER, FL 33478
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**DO NOT WRITE IN THIS SPACE**



01302007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0717796	Applied For
	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PILOTTE, FRANK T ESQ  
 C/O MURPHY, REID, PILOTTE & ORD, P.A.  
 340 ROYAL PALM WAY STE. 100  
 PALM BEACH, FL 33480

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B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LOVELAND, DAVID J 9174 VALLEY OAK PLACE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LOVELAND, CAROL T 9174 VALLEY OAK PLACE JUPITER, FL 33478
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 02/14/07-80011-009 55.00

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

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: (561) 744-8008

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