## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # L04000027106  1. Entity Name INVESTRUST LEASE, LLC						04-04-2005	5 90423 04	10 ****5	50.00
1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131		Mailing Address 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131		1 164 1161 1		04030 			
2. Principal Place of Business 1401 Bodall Au		3. Majjing Address 1401 Buckell		Ave					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005	Chg-LLC	CR2E083	(10/03)	
City & State	um, rc	City & State	R		4. FEI Numb	0 99178	0	<u> </u>	Applicable
Zip 33		33131	US	<u> </u>	5. Certificat	e of Status Desired		5.00 Addi e Required	
6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New R	egistered Age	ent ~ ~	
BAKHAI, KASHYAP 1001 BRICKELL BAY DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
9TH FLOO MIAMI, FL						•	· · ·		
Wil/Sivii, I C	00101			City		<u> </u>	FL	Zip Code	,
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.								and accept	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi			E: Hegistered	d Agent signature re	equired when reinstating)	,	DATE		
Fi D:	ling Fee is \$50.00 ue by May 1, 2005						e check pay a Departmen		
Fi Da	ue <b>by May 1, 2005</b> MANAGING MEMBEI	RS/MANAGERS	10.				Departmen		
9. 11TLE	MANAGING MEMBER MGR	RS/MANAGERS	TITLE		MGR	Florida ADDITIONS	CHANGES	of State	<b>⊠</b> , Addition
9.	ue <b>by May 1, 2005</b> MANAGING MEMBEI	☐ Delete	TITLE		MGR Farhad 1401 Bri	Florida ADDITIONS	CHANGES	of State	
9. TITLE NAME	MANAGING MEMBEI MGR MANGALJI, FEREED	☐ Delete	TITLE NAME STREE	E	MGR Farhad 1401 Bri Nami,	Fiorida	CHANGES	of State	
9. IIITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGR MANGALJI, FEREED 5847 SAN FELIPE, 46TH FLOOR	☐ Delete	TITLE NAME STREE CITY- TITLE	E ET ADDRESS -ST-ZIP	Farhad 1401 Bri	ADDITIONS, ASSARI CKEIL AVE	CHANGES  CHANGES	of State	
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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 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: SIGNATURE AND TYPES OF PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date