

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90031 011 ****50.00

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DOCUMENT # L04000027106					
1. Entity Name INVESTRUST LEASE, LLC					
Principal Place of Business 1401 BRICKELL BAY DRIVE #1041 MIAMI, FL 33131		Mailing Address 1401 BRICKELL BAY DRIVE #1041 MIAMI, FL 33131			
2. Principal Place of Business <i>1401 Brickell Ave</i>		3. Mailing Address <i>1401 Brickell Ave</i>			
Suite, Apt. #, etc. <i>1040</i>		Suite, Apt. #, etc. <i># 1040</i>			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>			
Zip <i>33131</i>		Country <i>USA</i>		4. FEI Number 20-0991780	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BAKHAI, KASHYAP 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANGALJI, FERED 5847 SAN FELIPE, 46TH FLOOR HOUSTON, TX 77057	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i>			Date <i>4/28/06</i>		Daytime Phone # <i>3055399800</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					