## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 06, 2006 08:00 AM **Secretary of State** DOCUMENT # L04000030439 1. Entity Name J H LEASING, L.C. Principal Place of Business Mailing Address **6013 PRATT STREET 6013 PRATT STREET TAMPA, FL 33647** TAMPA, FL 33647 02222006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1350622 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. DO NOT WRITE C/O O"CONNOR & ASSOCIATES 1250 S BELCHER RD, STE 160 -IN THIS SPACE LARGO, FL 33771 5. 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 little if applicable (NOTE: flegistered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR 717LE HUNT, REBECCA A NAME 6013 PRATT ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 TITLE U00000457804 03/17/08-80019-006 150.00 MARKE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 it made under path; 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: N SIGNATURE AND TYPED TED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ACCRESS CITY-ST-ZIP

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Daytime Phone #