

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000034851

**FILED**  
**Jul 26, 2007**  
**Secretary of State**

**Entity Name:** PBMT LEASING LLC

**Current Principal Place of Business:**

1700 N FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

16991 US 19 N.  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 20-1098678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAHAN, THOMAS  
16991 US 19 NORTH  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

FASTUCA, GEORGE  
16991 US 19 NORTH  
CLEARWATER, FL 33764 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: GEORGE FASTUCA

07/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MEATHE, CULLAN F  
Address: 645 GRISWOLD STREET, SUITE 2202  
City-St-Zip: DETROIT, MI 48226

Title: MGR (X) Delete  
Name: RET, DANIEL  
Address: 24957 BREST ROAD  
City-St-Zip: TAYLOR, MI 48180

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MEATHE, CULLAN F  
Address: 2519 AQUA VISTA BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CULLAN F. MEATHE

MGR

07/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date