

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILCO
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 19 PM 12:27

DOCUMENT # L04000034851

1. Entity Name
PBMT LEASING LLC



Principal Place of Business
1700 N FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

Mailing Address
24957 BREST ROAD
TAYLOR, MI 48180



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
16991 US 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282007 Chg-LLC CR2E083 (12/06)

City & State

City & State

Clearwater FL

4. FEI Number
20-1098678

Applied For
Not Applicable

Zip

Country

Zip

33764

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAHAN, THOMAS
16991 US 19 NORTH
CLEARWATER, FL 33764

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
MEATHE, CULLAN F
STREET ADDRESS
645 GRISWOLD STREET, SUITE 2202
CITY-STATE-ZIP
DETROIT, MI 48226

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
MGR
RET, DANIEL
STREET ADDRESS
24957 BREST ROAD
CITY-STATE-ZIP
TAYLOR, MI 48180

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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: *[Signature]* R.A.

4/2/07

727-226 9776

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

Date

Daytime Phone #