

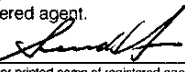
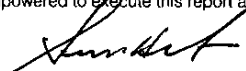


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90015 045 ****50.00

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| DOCUMENT # L04000045842 | | | |  | |
| 1. Entity Name DJ LEASING LLC | | | | | |
| Principal Place of Business 10115 FOREST HILL BLVD., SUITE 400 WELLINGTON, FL 33414 | | | Mailing Address 10115 FOREST HILL BLVD., SUITE 400 WELLINGTON, FL 33414 | | |
| 2. Principal Place of Business 1395 STATE ROAD 7 Suite, Apt. #, etc. Suite 450 City & State Wellington FL Zip 33414 Country USA | | 3. Mailing Address 1395 STATE ROAD 7 Suite, Apt. #, etc. Suite 450 City & State Wellington FL Zip 33414 Country USA | |  | |
| 04212005 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 20-1252208 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HERBST, SETH J 10115 FOREST HILL BLVD., SUITE 400 WELLINGTON, FL 33414 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1395 STATE ROAD 7 Suite 450 City Wellington FL Zip Code 33414 | | |
| 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  DATE 04.22.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HERBST, SETH J 10115 FOREST HILL BLVD., SUITE 400 WELLINGTON, FL 33414 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | → 1395 STATE ROAD 7 SUITE 450 WELLINGTON FL 33414 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
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| 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 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:  DATE 04.22.05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |