2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # L04000045842** 1. Entity Name DJ LÉASING LLC Principal Place of Business Mailing Address 1395 STATE ROAD 7, STE 450 1395 STATE ROAD 7, STE 450 WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 04142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1252208 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERBST, SETH J DO NOT WRITE 1395 STATE ROAD 7, STE 450 WELLINGTON, FL 33414 IN THIS SPACE 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, pened or printed name of registered exert and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII PEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000910140 05/06/08-80098-014 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HERBST, SETH J NAME STREET ADDRESS 1395 STATE ROAD 7, STE 450 CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST, 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 true elempowared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Davime Phone 8