01/25/2005 14:09
Jan 24 05 06:44p

2/1

FILED
Mar 08, 2005 8:00 am
Secretary of State
02-01-2005 90157 029 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

30001144

DOCUMENT # L04000075911

1. Entity Name
VARTEK LEASING, L.L.C.

Principal Place of Business	Mailing Address
1560 GULF BLVD #907 CLEARWATER FL 33767	PO BOX 68 INDIAN ROCK BEACH FL 33785

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1700188 ☐ Applied For ☐ Not Applicable

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
PORTER, T. STARR 1560 GULF BLVD #907 CLEARWATER FL 33767	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 T. Starr Porter (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PORTER, CHARLES G 1560 GULF BLVD #907 CLEARWATER FL 33767	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PORTER, T. STARR 1560 GULF BLVD #907 CLEARWATER FL 33767	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PORTER, JOHN G 10260 SUNSET GARDEN BLVD LAS VEGAS NV 89135	☑ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PORTER, JAMES K 4418 N. B STREET TAMPA FL 33609	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ 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 605, Florida Statutes.

SIGNATURE: T. Starr Porter 1-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Country Phone #