


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000079383 1. Entity Name ISLAND ONE LEASING, LLC	
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Principal Place of Business 8680 COMMODITY CIRCLE ORLANDO, FL 32819	Mailing Address 8680 COMMODITY CIRCLE ORLANDO, FL 32819
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01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1866637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KORSHAK, STEPHEN D 8680 COMMODITY CIRCLE ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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 reinstating)

DATE _____


**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP LINDEN, DEBORAH L 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRV ERFURTH, CARY J 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STUMBRAS, SULYN 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRUBER, KURT P 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/18/08-80017-008 143.75

**DO NOT WRITE
IN THIS SPACE**

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:  **Deborah L. Linden** 1/14/08 (407) 859-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #