2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L04000084847

Entity Name: DOLLAR LEASING & MANAGEMENT, LLC

Current Principal Place of Business:

7217 E. COLONIAL DR,
SUITE 111
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 678507
ORLANDO, FL 32867 US

New Mailing Address:

FEI Number: 20-1912326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BILINGUAL EMPOWERMENT UNIVERSITY, LLC
P. O. BOX 678507
ORLANDO, FL 32867 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MARTE, HERIBERTO J
Address: 4666 EAGLEWOOD DR
City-St-Zip: ORLANDO, FL 32817

Title: MGRM ( ) Delete
Name: BILINGUAL EMPOWERMEN, T UNIVERSITY, L LC
Address: 7217 E. COLONIAL DR, SUITE 111
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BILINGUAL EMPOWERMEN, T UNIVERSITY
Address: P. O. BOX 678507
City-St-Zip: ORLANDO, FL 32867

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HERIBERTO MARTE MGR 01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date