

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:42

DOCUMENT # L05000004501

1. Entity Name  
R.D.A. LEASING, L.L.C.



Principal Place of Business  
4711 34TH STREET NORTH, SUITE D  
ST. PETERSBURG, FL 33714

Mailing Address  
4711 34TH STREET NORTH, SUITE D  
ST. PETERSBURG, FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

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

O'CONNOR, PATRICK M ESQ  
O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME Jon Gaudineer  
STREET ADDRESS 4711 34th ST. N SUITE D ST. PETE,  
CITY-ST-ZIP MANAGER FL 33714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200075093322  
05/23/06--01030--003 \*\*488.75

TITLE  
NAME FRANK MARINELLI  
STREET ADDRESS 4711 34th ST. N SUITE D  
CITY-ST-ZIP ST. PETE FL 33714  
MANAGER

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME JACK OBERDINE  
STREET ADDRESS 4711 34th ST. N. SUITE D  
CITY-ST-ZIP ST. PETE FL 33714  
MANAGER

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

5/10/06

727-525-  
5045