

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 31 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUDINERR, JON 4711 34TH ST N SUITE D ST PETERSBURG, FL 33714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINELLI, FRANK 4711 34TH ST N SUITE D ST PETERSBURG, FL 33714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OBERDING, JACK 4711 34TH ST N SUITE D ST PETERSBURG, FL 33714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Jon Gaudinerr</u> <u>4/26/07</u> <u>727-525-5045</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					