

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90258 030 ****55.00

DOCUMENT # L05000010779	
1. Entity Name COMMERCE LEASING, LLC	

Principal Place of Business 7209 SE 110TH STREET BELLEVUE, FL 34420	Mailing Address P.O. BOX 1658 BELLEVUE, FL 34421
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



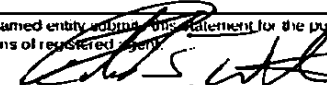
03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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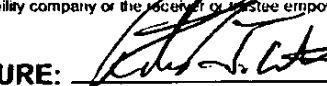
6. Name and Address of Current Registered Agent	
WILCOX, RICHARD T 7209 SE 110TH STREET BELLEVUE, FL 34420	

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 adopts 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 	DATE 3-16-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	managing member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVID Fisher		NAME		
STREET ADDRESS	810 SW 80th St.		STREET ADDRESS		
CITY-STATE-ZIP	OCALA, FL 34476		CITY-STATE-ZIP		
TITLE	managing member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Mike Wicker		NAME		
STREET ADDRESS	6889 SE 136 St.		STREET ADDRESS		
CITY-STATE-ZIP	Summerfield, FL 34491		CITY-STATE-ZIP		
TITLE	managing member	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Richard T. Wilcox		NAME		
STREET ADDRESS	7209 SE 110th St.		STREET ADDRESS		
CITY-STATE-ZIP	Bellevue, FL 34420		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 3-16-06