


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000010779 1. Entity Name COMMERCE LEASING, LLC	
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Principal Place of Business 7209 SE 110TH STREET BELLEVIEW, FL 34420	Mailing Address P.O. BOX 1658 BELLEVIEW, FL 34421
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4727719	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

WILCOX, RICHARD T  
7209 SE 110TH STREET  
BELLEVIEW, FL 34420

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_


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

U000000915970  
02/14/08-80026-017 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, DAVID F 810 SOUTHWEST 80TH STREET OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WICKER, MIKE 6889 SOUTHEAST 136 STREET SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILCOX, RICHARD T 7209 SOUTHEAST 110TH STREET BELLEVIEW, FL 34420
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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:  DATE: 2/1/08 DAYTIME PHONE # \_\_\_\_\_

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