

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017283

Entity Name: INVEST LEASE ONE, LLC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

14444 DUVAL ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

3653 REGENT BLVD
SUITE 504
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 20-2397580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWAK, EDWARD L
3591 KERNAN BLVD SOUTH
APT 122
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MEYER, FRANK H SR
14444 DUVAL ROAD
JACKSONVILLE, FL 32218 US

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: FRANK H MEYER SR

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEYER, FRANK H SR.
Address: 14444 DUVAL ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR () Delete
Name: MEYER, BRENDA A
Address: 2167 RIO COVE DR
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES:

Title: OFF (X) Change () Addition
Name: MEYER, FRANK H SR.
Address: 14444 DUVAL ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: OFF (X) Change () Addition
Name: MEYER, BRENDA A
Address: 2167 RIO COVE DR
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRENDA MEYER

OFF

04/30/2008

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