


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000040655**

1. Entity Name  
**MBF LEASING, LLC**



|   |   |
|---|---|
| Principal Place of Business<br><b>121 ALHAMBRA PLAZA, STE. 1100<br/>         CORAL GABLES, FL 33134</b> | Mailing Address<br><b>121 ALHAMBRA PLAZA, STE. 1100<br/>         CORAL GABLES, FL 33134</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04192007No Chg-LLC CR2E083 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-2753262</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
 ONE S.E. 3RD AVENUE, 27TH FLOOR  
 MIAMI, FL 33131**

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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**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>FERNANDEZ, MIGUEL B<br>121 ALHAMBRA PLAZA, STE 1100<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 05/09/07-80126-007 50.00

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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:** \_\_\_\_\_  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #