

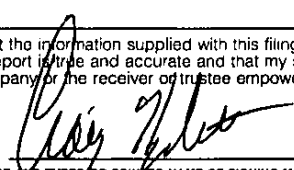


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000083200</b> 1. Entity Name <b>DRIFTWOOD LEASING COMPANY, LLC</b>			
Principal Place of Business <b>5051 N TAMiami TRAIL NAPLES, FL 34103</b>		Mailing Address <b>5051 N TAMiami TRAIL NAPLES, FL 34103</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01292007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number <b>03-0567885</b>	Applied For <input type="checkbox"/> 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  <b>HAZELETT, CRAIG 208 MONTEREY DRIVE NAPLES, FL 34119</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		U000000638469 02/27/07-80031-021 50.00	
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELETT, CRAIG 208 MONTEREY DRIVE NAPLES, FL 34119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAZELETT, GARY 190 CAJEPAT DRIVE NAPLES, FL 34108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAZELETT, BRAD 297 SAWGRASS CT NAPLES, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMAY, DAVID 445 PALM RIVER BLVD. NAPLES, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		CRAIG HAZELETT	2-12-07 239-261-0328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #