

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90075 042 ****50.00

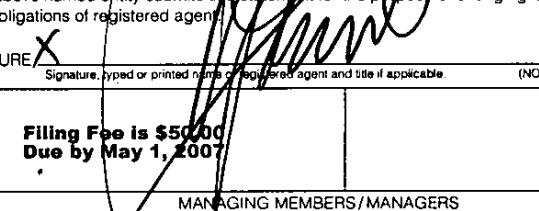
DOCUMENT # L05000090927		
1. Entity Name ATLANTIC LEASING, LLC		

Principal Place of Business 1391 SOUTH ANDREWS AVE POMPANO BEACH, FL 33069	Mailing Address 1391 SOUTH ANDREWS AVE POMPANO BEACH, FL 33069
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2. Principal Place of Business - No P.O. Box # 1230 SW 6TH ST	3. Mailing Address 1230 SW 6TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

6. Name and Address of Current Registered Agent	
JONES, BRADLEY 1391 SOUTH ANDREWS AVE POMPANO BEACH, FL 33069	

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, BRADLEY 1391 SOUTH ANDREWS AVE POMPANO BEACH, FL 33069

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

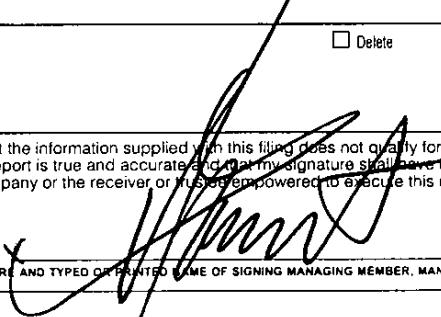
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

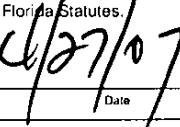
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Date  Daytime Phone #