

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90274 041 ***150.00

DOCUMENT # L05000106506 1. Entity Name MJL LEASING, LLC					
Principal Place of Business 21301 POWERLINE ROAD SUITE 312 BOCA RATON, FL 33433			Mailing Address 21301 POWERLINE ROAD SUITE 312 BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box # 925 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 425 City & State BOCA RATON, FL Zip 33432		3. Mailing Address 925 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 425 City & State BOCA RATON, FL Zip 33432		01152007 Chg-LLC CR2E083 (12/06)	
Country USA		Country USA		4. FEI Number 04-3831961	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEVIN, STEVEN 21301 POWERLINE ROAD SUITE 312 BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name LEVIN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 925 SOUTH FEDERAL HIGHWAY SUITE 425 City BOCA RATON FL Zip Code 33432		
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 DATE 2/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN LEVIN FAMILY 2000 TRUST 21301 POWERLINE ROAD BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVEN LEVIN FAMILY 2000 TRUST 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:			2/1/07 561948710V		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		