

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094976

Entity Name: BROOKFIELD LEASING LLC

FILED
May 08, 2008
Secretary of State

Current Principal Place of Business:

14902 WINDING CREEK CT
101C
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14902 WINDING CREEK CT
101C
TAMPA, FL 33613

New Mailing Address:

PO BOX 10
ODESSA, FL 33556

FEI Number: 20-5961905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STONE, RICHARD
14902 WINDING CREEK CT
101C
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STONE, RICHARD
Address: 14902 WINDING CREEK CT 101C
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: DELBONIS, DAVID
Address: 14902 WINDING CREEK CT 101C
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STONE, RICHARD
Address: PO BOX 10
City-St-Zip: ODESSA, FL 33556

Title: MGR (X) Change () Addition
Name: DELBONIS, DAVID
Address: PO BOX 10
City-St-Zip: ODESSA, FL 33556

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: RICHARD STONE

MGR

05/08/2008

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