


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 047 ***138.75

DOCUMENT # L06000102654

1. Entity Name
 2200 LEASING, LLC



Principal Place of Business
 6991 NORTH STATE ROAD 7, SECOND FLOOR
 ATTN: STEPHEN W. SCRENCI
 PARKLAND, FL 33073

Mailing Address
 6991 NORTH STATE ROAD 7, SECOND FLOOR
 ATTN: STEPHEN W. SCRENCI
 PARKLAND, FL 33073

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number **208465247**
 APPLIED FOR

5. Certificate of Status Desired \$5.00 Additional Fee Required

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent

SCRENCI, STEPHEN W
 6991 NORTH STATE ROAD 7, SECOND FLOOR
 PARKLAND, FL 33073

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCRENCI, STEPHEN W 6991 NORTH STATE ROAD 7, SECOND FLOOR PARKLAND, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARBIERI, FRANK A JR 7000 WEST PALMETTO PARK ROAD #200 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **3-10-08** **954 575 7440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #