


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90040 023 ****50.00

DOCUMENT # L06000106310 1. Entity Name YOCUM MARINE LEASING, LLC					
Principal Place of Business 1200 FLIGHTLINE BLVD, SUITE 6 DELAND, FL 32724			Mailing Address 1200 FLIGHTLINE BLVD, SUITE 6 DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box # 448 N Pine Meadow Dr		3. Mailing Address 448 N Pine Meadow Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DeBary, FL		City & State DeBary, FL		4. FEI Number 20-5744819	
Zip 32713		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent YOCUM, MICHAEL D 448 N. PINE MEADOW DRIVE DEBARY, FL 32713		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 <u>Michael D. Yocum</u> <i>Member</i> 7/11/2007 <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 September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOCUM, MICHAEL D 448 N. PINE MEADOW DRIVE DEBARY, FL 32724	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Michael D. Yocum</u> <i>Managing Member</i> 386-216-2606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		