2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# L07000050982

Entity Name: SOUTH PENINSULA VEHICLE LEASING, LLC

Current Principal Place of Business:

16991 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

16991 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764

New Mailing Address:

1635 MEATHE DRIVE
WEST PALM BEACH, FL 33411

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RET, DAN
6620 LAKESIDE ROAD
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

MEATHE, CULLAN F
1635 MEATHE DRIVE
WEST PALM BEACH, FL 33411 US

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: CULLAN F. MEATHE 08/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MEATHE, CULLAN F
Address: 100 RIVERPLACE DRIVE
City-St-Zip: DETROIT, MI 48207

Title: CEO ( ) Delete
Name: RET, DAN
Address: 6620 LAKESIDE ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MEATHE, CULLAN F
Address: 1635 MEATHE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: CEO (X) Change ( ) Addition
Name: MEATHE, CULLAN F
Address: 1635 MEATHE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

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: CULLAN F. MEATHE MGR 08/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date