

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051670

**FILED**  
**Feb 25, 2008**  
**Secretary of State**

**Entity Name:** FORT PAYROLL LEASING LLC

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE S.  
SUITE 304 A  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

1301 PLANTATION ISLAND DRIVE S.  
SUITE 304 A  
ST. AUGUSTINE, FL 32080

**FEI Number:** 26-0200555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'MALLEY, ANDREW M  
712 SOUTH OREGON AVENUE  
TAMPA, FL 33606 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: MGRM ( ) Delete  
Name: FORT, CLAUDIA A  
Address: 7875 HIGHWAY A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FORT, CLAUDIA A  
Address: 7875 A1A S.  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: CLAUDIA A. FORT

MGRM

02/25/2008

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