## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TITLED OF REPUTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Aug 04, 2008 8:00 am Secretary of State 08-04-2008 90054 022 \*\*\*138.75

DOCUMENT # L0/00058468  1. Entity Name SAINT CLOUD LEASING, LLC						-	0031 022	130.73
Principal Place	e of Busines	SS	Mailing Address					
9350 TURKEY LAKE ROAD			9350 TURKEY LAKE ROAD			·	•	
ORLANDO, FL 32819			ORLANDO, FL 32819					
						L LEGITOR SIL COLL CONTROL COLLEGE	1 1910 1010 1110 1110 1119 1	1 <b>11</b> 11 1111
2. Principal Place of Business - No P.O. Box # 9350 Turkey Lake Road			3. Mailing Address 8131 Vineland Avenue					
Suite, Apt. #, etc. Suite 100			Suite, Apt. #, etc. PMB 408			07082008 Chg-LLC CR2E083 (12/06)		
City & State Colon FL			Orbondo, FL		4. FEI Number 26-0289697		oplied For ot Applicable	
3281	9	Country	2ip Country 32821-6847 USA			5. Certificate of Status Desired	\$5.00 Add	
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Regis	tered Agent	
DEAN MEA 800 N. MAG ORLANDO	GNOLIA A	AVENUE, SUITE 1500	Street Address (			P.O. Box Number is Not Acceptable)		
				City			Zip Cod	e .
- Ti ·							<u> </u>	
<ol> <li>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.</li> </ol>								
and designations of together against								
SIGNATURE								
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.19 liability company did not reco					F.S., the prior not	e limited tice.		
9.		MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHA	ANGES	
TITLE			☐ Delete	TITLE	Mar	naging Member	☐ Change	Addition
NAME				NAME	Pos	risk, Robert A.		<i>/</i> `
STREET ADDRESS				STREET ADDRESS	504	19 Latrobe Drive	*	
CITY-ST-ZIP				CITY-ST-ZIP	Winc	dermere, FL 3478		\
TITLE			☐ Defete	TITLE	Man	aging Member	☐ Change	Addition
NAME				NAME	BYS	io, Stephen M.		7.
STREET ADORESS				STREET ADDRESS	686			
CITY-ST-ZIP				CITY+ST-ZIP		Hermere, FL 34786		-V
TITLE			☐ Delete	TITLE	Mar	wagna Member	Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS	Y00	n, Sidney Si		•
CITY-ST-ZIP				CITY-ST-ZIP	1501	9 Latrope Dive indermere, FL 34786		
TITLE			☐ Delete	TITLE	Win	luermere, 1 = 34 love	Change	Addition
NAME			☐ Delete	NAME			Change	☐ Youlion
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE	1		☐ Change	Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME	Ì			NAME				
STREET ADORESS				STREET ADDRESS				
CITY-ST-ZIP	]			CITY-ST-ZIP	L			
11. I hereby certify that the information applied 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 addurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the								
indicated on this report is tripe and advirate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the property trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
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