

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90054 022 ***138.75

DOCUMENT # L07000058468 1. Entity Name SAINT CLOUD LEASING, LLC			
Principal Place of Business 9350 TURKEY LAKE ROAD ORLANDO, FL 32819		Mailing Address 9350 TURKEY LAKE ROAD ORLANDO, FL 32819	
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	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819		Zip 32821-6847	
Country USA		Country USA	
4. FEI Number 26-0289697		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803		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 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Managing Member Ponisk, Robert A. 5049 Latrobe Drive Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Managing Member Bravo, Stephen M. 6863 Valhalla Way Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Managing Member Yoon, Sydney S. 5019 Latrobe Drive Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" 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
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
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
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: _____		Date 7-31-8 Daytime Phone # 407-363-2772	