

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058468

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: SAINT CLOUD LEASING, LLC

**Current Principal Place of Business:**

9350 TURKEY LAKE ROAD, SUITE 100  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8131 VINELAND AVENUE  
PMB 408  
ORLANDO, FL 32821

**New Mailing Address:**

FEI Number: 26-0289697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 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: POSNIAK, ROBERT A  
Address: 5049 LATROBE DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: BRAVO, STEPHEN M  
Address: 6963 VALHALLA WAY  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: YOON, SYDNEY S  
Address: 5019 LATROBE DR  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT A. POSNIAK

MGRM

04/16/2009

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