2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L08000060848

Entity Name: TL HEALTHCARE LEASING LLC

Current Principal Place of Business:

1580 EAST 19TH STREET
APT. 2H
BROOKLYN, NY 11230

New Principal Place of Business:

2076 FLATBSUH AVE, 2ND FL
BROOKLYN, NY 11234

Current Mailing Address:

1580 EAST 19TH STREET
APT. 2H
BROOKLYN, NY 11230

New Mailing Address:

2076 FLATBSUH AVE, 2ND FL
BROOKLYN, NY 11234

FEI Number: 26-3676888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ELIEZER, SCHEINER
Address: 2076 FLATBSUH AVE, 2ND FL
City-St-Zip: BROOKLYN, NY 11234

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: ELIEZER SCHEINER MGR 03/24/2009

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