2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90029 008 ****50.00

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DOCUMENT # L95000000081

1. Entity Name
THE TROYER LEASING COMPANY, L.C.

Principal Place of Business	Mailing Address
1227 S.E. 9TH TERRACE CAPE CORAL, FL 33990	1227 S.E. 9TH TERRACE CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

04082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0553347
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TROYER, RODNEY J
1227 S.E. 9TH TERRACE
CAPE CORAL, FL 33990

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TROYER, RODNEY J
STREET ADDRESS	1227 S.E. 9TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	MGRM
NAME	TROYER, VIRGINIA L
STREET ADDRESS	1227 S.E. 9TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #