2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# L98000001799

Entity Name: THURSDAY LEASING, L.C.

Current Principal Place of Business:

455 GEMAIRE DRIVE
MELBOURNE, FL 32904

New Principal Place of Business:

455 DISTRIBUTION DRIVE
MELBOURNE, FL 32904

Current Mailing Address:

455 GEMAIRE DRIVE
MELBOURNE, FL 32904

New Mailing Address:

455 DISTRIBUTION DRIVE
MELBOURNE, FL 32904

FEI Number: 59-3541690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT, ROBERT G
455 GEMAIRE DRIVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

GLOVER, ROBERT G
455 DISTRIBUTION DRIVE
MELBOURNE, FL 32904 US

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: ROBERT G. GLOVER 04/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DAVIS, TOM K
Address: 3760 N. RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM ( ) Delete
Name: GLOVER, ROBERT G
Address: 1395 RUFFIN CIRCLE, S.E.
City-St-Zip: PALM BAY, FL 32909

Title: MGRM ( ) Delete
Name: DAVIS, KASEY LEE
Address: 272 MARION STREET
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: DAVIS, KASEY L
Address: 272 MARION STREET
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOM K DAVIS TKD 04/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date