2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# L98000001799

Entity Name: THURSDAY LEASING, L.C.

Current Principal Place of Business:

455 DISTRIBUTION DRIVE
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

455 DISTRIBUTION DRIVE
MELBOURNE, FL 32904

New Mailing Address:

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

Name and Address of Current Registered Agent:

GLOVER, ROBERT G
455 DISTRIBUTION DRIVE
MELBOURNE, FL 32904 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:	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 L	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM K. DAVIS MGR 04/08/2006

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