

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001799

Entity Name: THURSDAY LEASING, L.C.

FILED
Feb 19, 2008
Secretary of State

Current Principal Place of Business:

515 DISTRIBUTION DRIVE
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

515 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
515 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 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 G GLOVER

MGR

02/19/2008

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