

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 59 MAR 10 AM 11:09													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002209 FDC LEASING, L.L.C. 2020 CLUB HOUSE DRIVE SUN CITY CENTER FL 33571-5698				1a. Principal Place of Business Address 2020 CLUB HOUSE DRIVE SUN CITY CENTER FL 33571															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/09/1998		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
4. FFI Number 59-3536296		5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required															
7. Name and Address of Current Registered Agent FLINN, MILTON 2020 CLUB HOUSE DRIVE SUN CITY CENTER FL 33571				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>															
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																			
SIGNATURE _____				DATE _____															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>ACKERMAN, DON E</td> <td>24311 WALDEN CENTER DRIVE</td> <td>BONITA SPRINGS FL</td> </tr> <tr> <td>MGR</td> <td>HOFFMAN, ALFRED JR.</td> <td>2020 CLUB HOUSE DRIVE</td> <td>SUN CITY CENTER FL</td> </tr> </table>								10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	ACKERMAN, DON E	24311 WALDEN CENTER DRIVE	BONITA SPRINGS FL	MGR	HOFFMAN, ALFRED JR.	2020 CLUB HOUSE DRIVE	SUN CITY CENTER FL
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11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: _____ </div> <div style="text-align: right;"> 800002803248--2 -03/11/99--01119--010 ****188.75 ****188.75 </div> </div>																			