


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005875 1. Entry Name DON L. LEASING FLORIDA, L.L.C.	
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Principal Place of Business 3250 N.W. 23RD AVE STE 0-100 POMPANO BEACH, FL 33069	Mailing Address 3250 N.W. 23RD AVE STE 0-100 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0948925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., STE 485 SOUTH
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

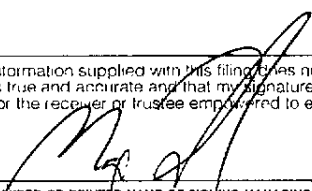
**Filing Fee is \$50.00
Due by May 1, 2004**

000000126230
04/23/04-80026-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM LLOYD, MAXWELL 3250 N.W. 23RD AVENUE, STE 0-100 POMPANO BEACH, FL 330695903
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM COHEN, STEPHEN 3250 N.W. 23RD AVENUE, STE 0-100 POMPANO BEACH, FL 330695903
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IN THIS SPACE**

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:  04/20/04 (954) 968-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MAXWELL Lloyd