


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000005875 1. Entity 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



04142005No 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
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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 _____

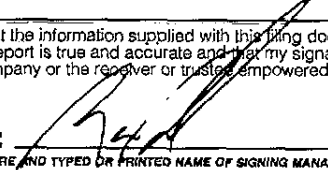
**Filing Fee is \$50.00
Due by May 1, 2005**

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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04/15/05-80096-013 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Maxwell Lloyd** **4/14/05** **954-968-7900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #