

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000005875

1. Entity Name
DON L. LEASING FLORIDA, L.L.C.



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**



03132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0948925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typ

Print and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000542538
05/10/06-80098-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LLOYD, MAXWELL
STREET ADDRESS	3250 N.W. 23RD AVENUE, STE 0-100
CITY-ST-ZIP	POMPANO BEACH, FL 330695903
TITLE	MGRM
NAME	COHEN, STEPHEN
STREET ADDRESS	3250 N.W. 23RD AVENUE, STE 0-100
CITY-ST-ZIP	POMPANO BEACH, FL 330695903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #