
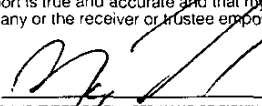


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90357 015 ****50.00

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		
2. Principal Place of Business - No P.O. Box # 2500 W. SAMPLE ROAD		3. Mailing Address 2500 W. SAMPLE ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL		4. FEI Number 65-0948925	
Zip 33073		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33073		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYD, MAXWELL 3250 N.W. 23RD AVENUE, STE 0-100 POMPANO BEACH, FL 330695903 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 W. SAMPLE ROAD POMPANO BEACH, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, STEPHEN 3250 N.W. 23RD AVENUE, STE 0-100 POMPANO BEACH, FL 330695903 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 W. SAMPLE ROAD POMPANO BEACH, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Maxwell Lloyd		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-19-07 Daytime Phone # 954-968-7900		