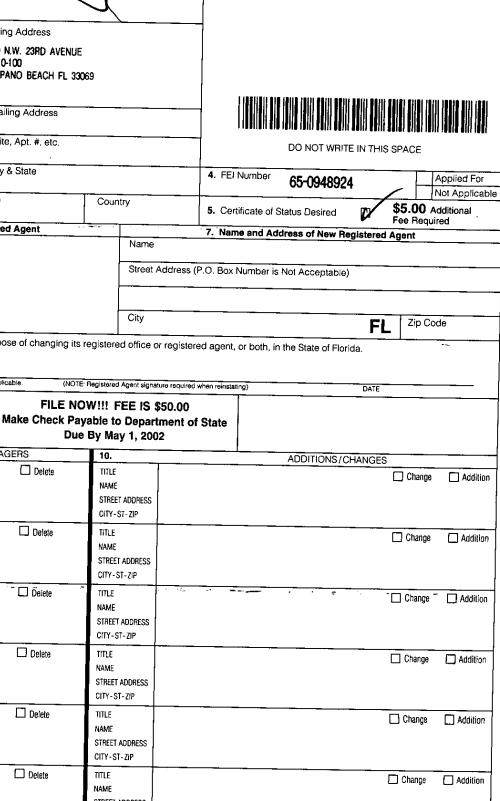
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9900005876 DON L. LEASING U.S.A., L.L.C. Principal Place of Business Mailing Address 3250 N.W. 23RD AVENUE 3250 N.W. 23RD AVENUE STE 0-100 STE 0-100 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Kramer. Robert M 4000 HOLLYWOOD BLVD STE 485 SOUTH HOLLYWOOD FL 33021 City 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.

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90129 017 ****55.00



11. I hereby certify that the information supplied with this filing does not quality 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.

FILE NOW!!! FEE IS \$50.00

Due By May 1, 2002

10.

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

MGRM

MGRM

LLOYD, MAXWELL

POMPANO BEACH FL

COHEN, STEPHEN

Pompano Beach Fl

3250 N.W. 23RD AVE., STE 0-100

3250 N.W. 23RD AVE., STE 0-100

9.

SIGNATURE AND TYPED OF

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/18/02 (354) 968-7900

CR2E083 (9/01