

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000005876 1. Entity Name DON L. LEASING U.S.A., L.L.C.	
--	---

Principal Place of Business 3250 N.W. 23RD AVENUE STE 0-100 POMPANO BEACH, FL 33069	Mailing Address 3250 N.W. 23RD AVENUE STE 0-100 POMPANO BEACH, FL 33069
---	---



04162004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0948924	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

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 typed or printed name of registered agent and title if applicable) **DATE** _____ (NOTE: Registered Agent signature required when reinstating)

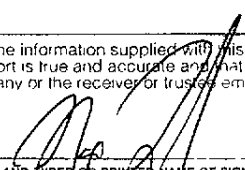
**Filing Fee is \$50.00
Due by May 1, 2004**

000000126234
04/23/04-80026-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM LLOYD, MAXWELL 3250 N.W. 23RD AVE., STE 0-100 POMPANO BEACH, FL 330695903
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM COHEN, STEPHEN 3250 N.W. 23RD AVE., STE 0-100 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	
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 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:  **04/20/04** **(954)968-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MAXWELL Lloyd