


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

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|--|--|
| 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 |
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-LLC

CR2E083 (10/03)

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0948924 | 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**

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 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 |
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04/15/05-80096-012 50.00

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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)(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.

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 #