

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L99000005876

1. Entity Name
DON L. LEASING U.S.A., L.L.C.



Principal Place of Business
**2500 W SAMPLE RD
POMPANO BEACH, FL 33073**

Mailing Address
**2500 W SAMPLE RD
POMPANO BEACH, FL 33073**



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948924	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYD, MAXWELL 2500 W SAMPLE RD POMPANO BEACH, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, STEPHEN 2500 W SAMPLE RD POMPANO BEACH, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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00000900749
04/29/08-80042-004 138.75

**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

Maxwell Lloyd MGRM

4-15-08

Date

954-968-7900

Daytime Phone #