2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # M00000002387** 04-29-2005 90031 026 ****50.00 1. Entity Name JT LÉASING LLC Principal Place of Business Mailing Address **377 CITATION POINT 377 CITATION POINT** NAPLES, FL 34104 NAPLES, FL 34104 04222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3583619 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PHILLIPS, J. SCOTT DO NOT WRITE **377 CITATION POINT** NAPLES, FL 34104 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PHILLIPS, J. SCOTT NAME **377 CITATION POINT** STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED