

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000087

FILED  
May 09, 2008  
Secretary of State

Entity Name: BANYAN LEASING COMPANY LLC

**Current Principal Place of Business:**

4250 ST. JOHNS PARKWAY  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27-3369  
BOCA RATON, FL 334273369

**New Mailing Address:**

FEI Number: 51-0379831      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCMILLEN, WILLIAM E  
22107 MARTELLA AVE.  
BOCA RATON, FL 33433      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SHAPIRO, GARY L  
Address: P O BOX 24279  
City-St-Zip: CHRISTIANSTED ST CRIX, USV1 0082

Title: MGRM      ( ) Delete  
Name: MCMILLIAN, WILLIAM E  
Address: 22107 MARTELLA AVE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY SHAPIRO

MGMR

05/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date