# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 05, 2005**
**Secretary of State**

DOCUMENT# M02000000530

**Entity Name:** FALCON LEASING OF SOUTH FLORIDA, L.L.C.

**Current Principal Place of Business:**

3725 LEAFY WAY
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3725 LEAFY WAY
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number: 01-0607005** **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:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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: SV MANAGEMENT CORPOR, ATION OF FLORI D A
Address: 3725 LEAFY WAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete
Name: WOODSUM MANAGEMENT C, ORPORATION
Address: P.O. BOX 449
City-St-Zip: HOLDERNESS, NH 03325

**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 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 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: E. ROE STAMPS IV MGR 07/05/2005

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