FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90163 026 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001491

1. Entity Name
LJH LEASING, LLC

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PKWY., STE 205 NAPLES, FL 34105	2640 GOLDEN GATE PKWY., STE 205 NAPLES, FL 34105

2. Principal Place of Business		3. Mailing Address	
COLLIER PLACE II		COLLIER PLACE II	
Suite, Apt. #, etc. 3001 TAMIAMI TR. N STE 302		Suite, Apt. #, etc. 3001 TAMIAMI TR. N STE 302	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34103	Country: US	Zip: 34103	Country: US

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 06-1556052 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEDGES, JAMES R IV
2640 GOLDEN GATE PKWY., STE 205
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name: HEDGES, JAMES R IV
Street Address (P.O. Box Number is Not Acceptable): COLLIER PLACE II
3001 TAMIAMI TRAIL N., STE 302
City: NAPLES FL Zip Code 34103

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] 3/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEDGES, JAMES R IV 2640 GOLDEN GATE PKWY., STE 205 NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLLIER PLACE II 3001 TAMIAMI TRAIL N. STE 302 NAPLES, FL 34103	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEDGES, JAMES R IV 2640 GOLDEN GATE PKWY., STE 205 NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS ABOVE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #