

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90011 024 ****50.00

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1. Entity Name
PREMIUM LEASE & FINANCE, LLC



Principal Place of Business
**250 CARPENTER FREEWAY
IRVING, TX 75062**

Mailing Address
**250 CARPENTER FREEWAY
IRVING, TX 75062**

1



06292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2838992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GULTHRIE, ROY A
250 CARPENTER FREEWAY
IRVING, TX 75062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COSTAS, STEPHEN J
250 CARPENTER FREEWAY
IRVING, TX 75062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREENE, PATRICK J
250 CARPENTER FREEWAY
IRVING, TX 75062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WONG, MARTIN J
300 ST. PAUL PLACE
BALTIMORE, MD 21202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]* **ASSISTANT SECRETARY** 6/30/04 8136040462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #