


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90059 027 ****50.00

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| DOCUMENT # M99000001617 | |  |
| 1. Entity Name PREMIUM LEASE & FINANCE, LLC | | |

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| Principal Place of Business 250 CARPENTER FREEWAY IRVING, TX 75062 | Mailing Address 250 CARPENTER FREEWAY IRVING, TX 75062 |
|--|--|

20047058

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|--------------------------------|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address 3800 CITIBANK CTN | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. G2-18 | |
| City & State | | City & State Tampa FL | |
| Zip | Country | Zip 3360 | Country |



05182006 Chg-LLC CR2E083 (11/05)

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOP ALEMANY, ELLEN 250 E CARPENTER FREEWAY IRVING, TX: 75062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS JASON WATKINS 3800 CITIBANK CTN TAMPA FL 3360 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP JARN, ROBERT W 250 E CARPENTER FREEWAY IRVING, TX 75062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AVP ANDERSON, KERRY 250 CARPENTER FREEWAY IRVING, TX 75062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HOGA, PAULA A 3800 CITIGROUP CENTER DR BLVD, BLD G2-10 TAMPA, FL 33610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **6/2/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #