

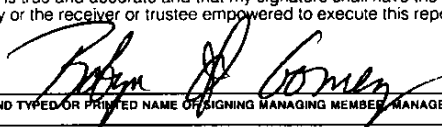


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90029 047 ***150.00

DOCUMENT # M99000001617 1. Entity Name PREMIUM LEASE & FINANCE, LLC							
Principal Place of Business 250 CARPENTER FREEWAY IRVING, TX 75062			Mailing Address 3800 CITI BANK CTR G2-18 TAMPA, FL 33610				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 31226 Suite, Apt. #, etc.		 60040904 04162007 Chg-LLC CR2E083 (12/06)			
City & State Tampa, FL		City & State Tampa, FL					
Zip 33631-3226	Country USA	4. FEI Number 75-2838992	Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				60040904			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP + Controller Michael Sletten 3950 Regent Blvd. Irving, TX 75063			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JARN, ROBERT W 250 E CARPENTER FREEWAY IRVING, TX 75062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dir. ROBERT G. COOK 250 E CARPENTER FRWY IRVING, TX 75062			
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				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOGA, PAULA A 3800 CITIGROUP CENTER DR BLVD, BLD G2-10 TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MATCETESE, JASON 3800 CITI BANK CTR TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ROBYN GOMEZ 3800 CITIGROUP Center Dr Tampa FL 33610			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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: 				Date: 4/19/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			