


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90296 015 \*\*\*\*50.00

<b>DOCUMENT #</b> 401000017490	
<b>1. Entity Name</b> LEADER TOMKINS, L.L.C.	

<b>Principal Place of Business</b> G/O JEANNIE HERAN- 6085 57TH STREET VERO BEACH FL 32967	<b>Mailing Address</b> 6085 57TH ST- VERO BEACH FL 32967
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<b>2. Principal Place of Business</b> PO Box 690386 Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO Box 690386 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

<b>City &amp; State</b> Vero Beach, FL	<b>City &amp; State</b> Vero Beach, FL
<b>Zip</b> 32969-0386	<b>Country</b> USA
<b>Zip</b> 32969-0386	<b>Country</b> USA

<b>4. FEI Number</b> 65-1155123	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

GARRIS, CHARLES E  
 817 BEACHLAND BLVD.  
 VERO BEACH FL 32963

**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 re-registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> MGR <input type="checkbox"/> Delete	<b>NAME</b> HERAN, SHAUNA <b>STREET ADDRESS</b> 6085 57TH STREET <b>CITY - ST - ZIP</b> VERO BEACH FL 32963
<b>TITLE</b> MGRM <input type="checkbox"/> Delete	<b>NAME</b> HERAN, GLENN <b>STREET ADDRESS</b> 6085 57TH ST- <b>CITY - ST - ZIP</b> VERO BEACH FL 32967
<b>TITLE</b> MGRM <input type="checkbox"/> Delete	<b>NAME</b> HERAN, DEAN <b>STREET ADDRESS</b> 6085 57TH STREET <b>CITY - ST - ZIP</b> VERO BEACH FL 32967
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 690386 Vero Beach, FL 32969-0386
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 690386 Vero Beach, FL 32969-0386
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 690386 Vero Beach, FL 32969-0386
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<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 Section 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:**  **3/19/06** **(772) 770-6424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #