


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015829

1. Entity Name
 LEEDS FAMILY, LLC



Principal Place of Business Mailing Address

3200 NORTH OCEAN BLVD., UNIT 509 3200 NORTH OCEAN BLVD., UNIT 509
 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE



03182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 04-3694746 Not Applicable

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

6. Name and Address of Current Registered Agent

LEEDS, MARILYN
 3200 NORTH OCEAN BLVD., UNIT 509
 FORT LAUDERDALE, FL 33308

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

U00000161021
 05/20/04-80002-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEEDS, MARILYN 3200 N OCEAN BLVD #509 FORT LAUDERDALE, FL 33308
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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: *Marilyn Leeds* Date: *5/1/04*

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