


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000011053
 1. Entity Name
 LEAPS 'N BOUNDS LLC



Principal Place of Business 5220 SHAD ROAD SUITE 404 JACKSONVILLE, FL 32257 US	Mailing Address 5220 SHAD ROAD SUITE 404 JACKSONVILLE, FL 32257 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4221052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUTZKE, BRIAN
 5220 SHAD ROAD
 SUITE 404
 JACKSONVILLE, FL 32257

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. - MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUTZKE, BRIAN 5220 SHAD ROAD, SUITE 404 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIANTONIO, MICHAEL 5220 SHAD RD STE 404 JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: B. Putzke 4-2-08 904-493-0529

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