

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011053

Entity Name: LEAPS 'N BOUNDS LLC

FILED  
Feb 24, 2009  
Secretary of State

**Current Principal Place of Business:**

5220 SHAD ROAD  
SUITE 404  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

5220 SHAD ROAD  
SUITE 404  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

FEI Number: 20-4221052      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PUTZKE, BRIAN  
Address: 5220 SHAD ROAD, SUITE 404  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM ( ) Delete  
Name: LIANTONIO, MICHAEL  
Address: 5220 SHAD RD STE 404  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN PUTZKE

MGRM

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date