

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011053

Entity Name: LEAPS 'N BOUNDS LLC

FILED  
Feb 16, 2010  
Secretary of State

**Current Principal Place of Business:**

5220 SHAD ROAD  
SUITE 404  
JACKSONVILLE, FL 32257 US

**Current Mailing Address:**

5220 SHAD ROAD  
SUITE 404  
JACKSONVILLE, FL 32257 US

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

**New Principal Place of Business:**

4901 BELFORT RD  
SUITE 100  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

4901 BELFORT RD  
SUITE 100  
JACKSONVILLE, FL 32256 US

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

PUTZKE, BRIAN  
4901 BELFORT RD  
SUITE 100  
JACKSONVILLE, FL 32256 US

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

02/16/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PUTZKE, BRIAN  
Address: 4901 BELFORT RD, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM  
Name: LIANTONIO, MICHAEL  
Address: 4901 BELFORT RD, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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

MGM

02/16/2010

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