

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119134

FILED
Feb 12, 2008
Secretary of State

Entity Name: LEEDSGRAND LLC

Current Principal Place of Business:

6645 US HWY1
GRANT, FL 32949 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 780897
SEBASTIAN, FL 32978 US

New Mailing Address:

FEI Number: 11-3836556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEEDS, DAVID L
6645 US HWY1
GRANT, FL 32949 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: MGR () Delete
Name: LEEDS, MARY E
Address: PO BOX 780897
City-St-Zip: SEBASTIAN, FL 32978 US

Title: MGR () Delete
Name: LEEDS, DAVID L
Address: PO BOX 780897
City-St-Zip: SEBASTIAN, FL 32978 US

Title: MGRM () Delete
Name: LEEDS, SCOTT D
Address: 6006 RIDDLE ROAD
City-St-Zip: LOCKPORT, NY 14094 US

Title: MGRM () Delete
Name: LEEDS, SEAN D
Address: PO BOX 652
City-St-Zip: EAST AMHERST, NY 14051 US

ADDITIONS/CHANGES:

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

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

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: DAVID L LEEDS

MGR

02/12/2008

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