

**FILE NOW: Fee after May 1, will be \$263.75**

APPROVED  
AND  
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95 FEB 13 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                    |                                                                                   |                                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

|                                |                                                                                                                      |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE</b><br>\$ 238.75 | Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Mailing Address<br>of Limited Liability Company<br><b>DOCUMENT # 200455</b><br>LEADERSHIP INNOVATION TECHNOLOGIES ENRICHM<br>ENT, L.C.<br>813 EAGLE LANE<br>APOLLO BEACH FL 33572 |
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|                                                                                    |
|------------------------------------------------------------------------------------|
| 1a. Principal Place of Business Address<br>813 EAGLE LANE<br>APOLLO BEACH FL 33572 |
|------------------------------------------------------------------------------------|

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

|                                                                             |                                                                                          |                                              |                                                                                                        |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 2. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country | 2a. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country | 3. Date Organized or Qualified<br>09/27/1991 | 3a. State of Formation<br>FL                                                                           |
|                                                                             |                                                                                          | 4. FEI Number<br>59-3088473                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                        |
|                                                                             |                                                                                          | 5. Date of Last Report<br>05/01/1994         | 6. Certificate of Status Desired<br>\$0.75 Additional Fee Required <input checked="" type="checkbox"/> |

|                                                                                                             |                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of Current Registered Agent<br>HARRIS, COLIN<br>813 EAGLE LANE<br>APOLLO BEACH FL 33572 | 8. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>8000001406188<br>-02/14/95--01089--041<br>****238.75 ****238.75<br>FL 247.50 247.50 |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| M         | HARRIS, COLIN             | 813 EAGLE LANE          | APOLLO BEACH FL          |

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11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Colin Harris Colin Harris 1-31-95 813-645-4701  
Date Daytime Phone #