

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118964

1. Entity Name  
LLEONART HOLDINGS LLC



Principal Place of Business  
% CORPORATE PROCESS SERVICES, INC  
2300 CORAL WAY  
MIAMI, FL 33145

Mailing Address  
% CORPORATE PROCESS SERVICES, INC  
2300 CORAL WAY  
MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8778008

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATE PROCESS SERVICES, INC.  
2300 CORAL WAY  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME RML PROPERTY LIMITED PARTNERSHIP  
STREET ADDRESS 2300 CORAL WAY  
CITY-ST-ZIP MIAMI, FL 33145

TITLE MGR ☐ Delete  
NAME OML PROPERTY LIMITED PARTNERSHIP  
STREET ADDRESS 2300 CORAL WAY  
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Delete  
NAME *AR 4/24*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 800099200518  
STREET ADDRESS 04/27/07--01002--017 \*\*\$5.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Rodolfo Leonart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/07

Date

(305) 880-0056

Daytime Phone #

RODOLFO LLEONART, Director