

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000438**

1. Entity Name  
**LEDER ENTERPRISES, LTD.**



Principal Place of Business

**% LEDER GROUP INVESTMENT PROPERTIES**  
**6530 WEST ROGERS CIRCLE, SUITE #31**  
**BOCA RATON, FL 33487**

Mailing Address

**% LEDER GROUP INVESTMENT PROPERTIES**  
**6530 WEST ROGERS CIRCLE, SUITE #31**  
**BOCA RATON, FL 33487**



01312006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0997563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M ESQ.**  
**THERREL BAISDEN, P.A. / SUNTRUST INTL. CTR**  
**ONE S.E. THIRD AVENUE, SUITE 2400**  
**MIAMI, FL 33131**

**DO NOT WRITE**  
**IN THIS SPACE**

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.

**000000461684**  
**03/21/06-80005-019 500.00**

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P00000023931**  
NAME **LEDER GROUP, INC.**  
STREET ADDRESS **6530 WEST ROGERS CIRCLE, SUITE #31**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Seal M Leder*

Date

Daytime Phone #

**3/4/06 561-995-7878**

STAPLE CHECK HERE