2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A00000000438 LEDÉR ENTERPRISES, LTD. 08 MAR 10 PM 4: 07 Principal Place of Business Mailing Address % LEDER GROUP INVESTMENT PROPERTIES % LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE, SUITE #31 6530 WEST ROGERS CIRCLE, SUITE #31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4755 Technology Way Ste. 202 4755 Technology Way Ste. 202 02052008 CR2E003 (12/06) Cha-LP Boca Raton, FL 33431-3338 Boca Raton, FL 33431-3338 4. FEI Number Applied For 65-0997563 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIELS, NICHOLAS M ESQ. Street Address (P.O. Box Number is Not Acceptable) THERREL BAISDEN, P.A. / SUNTRUST INTL. CTR ONE S.E. THIRD AVENUE, SUITE 2400 MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 ADDRESS CHANGES ONLY 13. DOCUMENT # P00000023931 STREET ADDRESS 4755 Technology Way Ste. 202 LEDER GROUP, INC. NAME 6530 WEST ROGERS CIRCLE, SUITE #31 Boca Raton, FL 33431-3338 STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP BOCA RATON, FL 33487 DOCUMENT # STREET ADDRESS NAME 400120010754 STREET ADDRESS 03/12/08--01004--002 ***500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied with indicated on this report is true and accurate an or the receiver or trustee empowered to execu