

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

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #A10783**

1. Entity Name  
**LEDER HILLSBORO COMPANY, LTD.**



Principal Place of Business  
**6530 W. ROGERS CIRCLE, #31**  
**BOCA RATON, FL 33487**

Mailing Address  
**6530 W. ROGERS CIRCLE, #31**  
**BOCA RATON, FL 33487**



02132006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2180186</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEDER, SAMUEL E.**  
**6530 W. ROGERS CIRCLE, #31**  
**BOCA RATON, FL 33487**

**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

DATE

000000455613  
03/15/06-80064-013 500.00

**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 #	
NAME	<b>LEDER HILLSBORO, LLC</b>
STREET ADDRESS	<b>6530 W. ROGERS CIRCLE, #31</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>

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**IN THIS SPACE**

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:**

*Samuel E Leder*  
**SAMUEL E LEDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*561-995-7878*

STAPLE CHECK HERE