

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

2006 FEB 16 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000378 1. Entity Name DAVID F. LEON, L.L.C.	
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Principal Place of Business 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	Mailing Address 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 26-5931985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE. SUITE 1100  
ORLANDO, FL 32801

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEON, DAVID F 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800066834398  
02/28/06--01050--020 \*\*50.00

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IN THIS SPACE**

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: DAVID F. LEON, MANAGER      Date: 2/3/06      Daytime Phone #: 407-839-4200

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