

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000007112

1. Entity Name  
LEISNER ENTERPRISES, L.C.



Principal Place of Business  
536 BLAKE RD.  
DAYTONA BEACH, FL 32119

Mailing Address  
536 BLAKE RD.  
DAYTONA BEACH, FL 32119

**DO NOT WRITE IN THIS SPACE**



04112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3664069

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

TUMBLESON, J. DOYLE ESQ.  
150 S. PALMETTO AVENUE, BOX A  
DAYTONA BEACH, FL 32114

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LEISNER, ROBERT W  
536 BLAKE ROAD  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MOORE, DEBORAL  
533 LAMBRIGHT ROAD  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

U000000315018  
04/19/05-80018-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

04-13-05 386 7615702