## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGING WEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Feb 09, 2005 08:00 AM Secretary of State

941-923-8941 Daytime Phone #

ANNUAL REPORT						Feb 09, 2005 08:00 A			
DOCUMENT # L00000014040							Secretary	y of State	
1. Entity Name LESLIE MEMBER FÖRMS LLC									
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Principal Plac	ce of Business		Mailing Address	<u> }</u>					
6450 HAWK			P.O. BOX 4009						
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	6. Name and A	ddress of Current R	egistered Agent		رور هر محمد المورس ا	All the state of t	शिक्ष (कुरार) क्ष <del>रिक्ति</del> के किल्हा	<b>用作品的现在分</b> 点。	
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	tions of registered as					ed agent, or both, in the State			
- SIGNATORE	Signatura, typed or printed	name of registered agent an	d litie if applicable. (NO	OTE Registered A	gent signature required	when reinstating)	DATE		
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11. I hereby of indicated limited lia	certify that the inform on this report is true bility company or the	nation supplied with the sand accurate and the receiver or trustee of	nis filing does not qualify for at my signature shall have empowered to execute this	or the exemp the same le s report as re	ition stated in Sec gal effect as if ma quired by Chapte	tion 119.07(3)(i), Florida Stat ade under oath, that I am a r er 608, Florida Statutes.	utes. I further certify the nanaging member or i	at the information manager of the	