


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009653 1. Entity Name LEDER HILLSBORO, LLC	
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Principal Place of Business 6530 WEST ROGERS CIR., SUITE 31 BOCA RATON, FL 33487	Mailing Address 6530 WEST ROGERS CIR., SUITE 31 BOCA RATON, FL 33487
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02102004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1130028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent LEDER, SEAN M 6530 WEST ROGERS CIR., SUITE 31 BOCA RATON, FL 33487
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

000000125402
04/22/04-80083-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEDER, SAMUEL E 6530 WEST ROGERS CIR., SUITE 31 BOCA RATON, FL 33487
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**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)(i), 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: _____

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

Date

Daytime Phone #

4/19/04

561-995-7878