

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009653

Entity Name: LEDER HILLSBORO, LLC

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

6530 WEST ROGERS CIR., SUITE 31
BOCA RATON, FL 33487

New Principal Place of Business:

4755 TECHNOLOGY WAY
SUITE 202
BOCA RATON, FL 33431

Current Mailing Address:

6530 WEST ROGERS CIR., SUITE 31
BOCA RATON, FL 33487

New Mailing Address:

4755 TECHNOLOGY WAY
SUITE 202
BOCA RATON, FL 33431

FEI Number: 65-1130028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEDER, SEAN M
6530 WEST ROGERS CIR., SUITE 31
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

LEDER, SEAN M
4755 TECHNOLOGY WAY
SUITE 202
BOCA RATON, FL 33431 US

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.

SIGNATURE: SEAN M. LEDER

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEDER, SAMUEL E
Address: 6530 WEST ROGERS CIR., SUITE 31
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEDER, SAMUEL E
Address: 4755 TECHNOLOGY WAY SUITE 202
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL E. LEDER

MGR

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date