

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90286 030 \*\*\*\*50.00

<b>DOCUMENT # L01000010930</b>		
1. Entity Name <b>LEAWARD INVESTMENTS, L.L.C.</b>		
Principal Place of Business <b>247 SPRING LINE DR. VERO BEACH FL 32963</b>		Mailing Address <b>247 SPRING LINE DR. VERO BEACH FL 32963</b>
2. Principal Place of Business <b>1830 EAST SANDPINE LANE</b>	3. Mailing Address <b>1830 EAST SANDPINE LANE</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <b>VERO BEACH, FL</b>	City & State	
Zip <b>32963</b>	Country <b>INDIAN RIVER</b>	Country <b>INDIAN RIVER</b>
4. FEI Number <b>65-1140178</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>JEFFREY, LEA 247 SPRINGLINE DR VERO BEACH FL 32963</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1830 EAST SANDPINE LANE</b> City <b>VERO BEACH, FL</b> Zip Code <b>32963</b>	
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEA, JEFFREY 247 SPRING LINE DR VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEA, PATRICIA 247 SPRINGLINE DR VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeffrey Lea **JEFFREY LEA, MANAGER** 1/31/05 772-234-5377  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #