

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90215 042 ****50.00

DOCUMENT # L01000018029

1. Entity Name

LEEAD'S LUNA PARK, LLC



Principal Place of Business

6049 S.W. 38TH TRAIL
JASPER FL 32052

Mailing Address

6049 S.W. 38TH TRAIL
JASPER FL 32052

2. Principal Place of Business

6049 S.W. 38TH TRAIL

Suite, Apt. #, etc.

3. Mailing Address

6049 S.W. 38TH TRAIL

Suite, Apt. #, etc.

20031779



1st MOORE

CR2E083 (10/04)

City & State

JASPER, FLA

Zip

32052

Country

HAMILTON

City & State

JASPER, FLA

Zip

32052

Country

HAMILTON

4. FEI Number

59-3759823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J
100 S.E. 2ND STREET
SUITE 2620
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PORTNOY, CLAUDIA
STREET ADDRESS 6049 S.W. 38TH TRAIL
CITY-ST-ZIP JASPER FL 32052

TITLE MGRM ☐ Delete
NAME PORTNOY, AVI
STREET ADDRESS 6049 S.W. 38TH TRAIL
CITY-ST-ZIP JASPER FL 32052

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

AVI PORTNOY

MEMBER MANAGER

4-7-2005

386-9382466

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

Date

Daytime Phone #