

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000007232 1. Entity Name LEONARDO PROPERTIES, L.L.C.	
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Principal Place of Business 845 INDIAN RIVER DR. COCOA, FL 32922	Mailing Address 845 INDIAN RIVER DR. COCOA, FL 32922
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DO NOT WRITE IN THIS SPACE



04072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
54-2066989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALERMO, GIUSEPPE
845 INDIAN RIVER DR.
COCOA, FL 32922

**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 _____

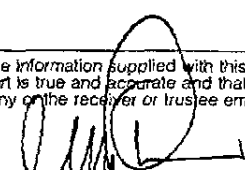
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TODESCHINI, LEONARDO 845 INDIAN RIVER DR. COCOA, FL 32922
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05/13/06-80060-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Giuseppe Palermo** 4/27/06 321-636-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #