



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90324 049 ****55.00

DOCUMENT # L02000007349 1. Entity Name FB LEADS, L.L.C.			
Principal Place of Business 14000 MILITARY TRAIL SUITE 208B DELRAY BEACH, FL 33484 US		Mailing Address 14000 MILITARY TRAIL SUITE 208B DELRAY BEACH, FL 33484 US	
2. Principal Place of Business 9892 CORONADO LAKE Dr. Suite, Apt. #, etc.		3. Mailing Address 9892 CORONADO LAKE Dr. Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FLORIDA Zip 33437 Country USA		City & State BOYNTON BEACH, FLORIDA Zip 33437 Country USA	
4. FEI Number 46-0483984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNAL, FRANK 14000 MILITARY TRAIL SUITE 210 DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9892 CORONADO LAKE DRIVE City BOYNTON BEACH FL Zip Code 33437	
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, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CED BERRAL, FRANK 14000 MILITARY TRAIL DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9892 CORONADO LAKE DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 		Date 4/30/04 Daytime Phone # 541-738-7156	