

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90065 020 ****50.00

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| DOCUMENT # L02000014390 |  |
| 1. Entity Name LEECO INVESTMENT PROPERTIES LLC | |

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| Principal Place of Business 2721 MEDALLIST LANE NAPLES, FL 34109 | Mailing Address 2721 MEDALLIST LANE NAPLES, FL 34109 |
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|---|---|
| 2. Principal Place of Business 2835 Silverleaf LN | 3. Mailing Address 2835 Silverleaf LN |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------------|-----------------------------------|
| City & State Naples FL | City & State Naples, FL |
| Zip 34105-3032 | Zip 34105-3032 |
| Country U.S. | Country U.S. |

07052006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 03-0456040 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

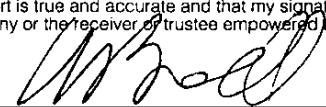
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| 6. Name and Address of Current Registered Agent BRADLEY, WILLIAM J 2721 MEDALLIST LANE NAPLES, FL 34109 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 2835 Silverleaf LN | |
| City Naples | State FL |
| Zip Code 34105-3032 | |

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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  | DATE 6/30/06 |

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| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRADLEY, WILLIAM J 2721 MEDALLIST LANE NAPLES, FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRADLEY, WILLIAM J. 2835 Silverleaf LN Naples, FL 34105-3032 <input checked="" 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 |
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| 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 |

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| 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:  | DATE 6/30/06 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | |
| Daytime Phone # 239 261 1184 | |