2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # L02000018239** 1. Entity Name WILD TURKEY LLC .-Principal Place of Business Mailing Address C/O LEDER GROUP INVESTMENT PROPERTIES C/O LEDER GROUP INVESTMENT PROPERTIES 6530 W ROGERS CIR, STE. 31 6530 W ROGERS CIR, STE. 31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 03082005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1638027 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. DO NOT WRITE THERREL BAISDEN, P.A. SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400 IN THIS SPACE MIAMI, FL 33131 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LEDER GROUP #2, INC. NAME 6530 W ROGERS CIRCLE #31 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP HILLION BARBO 04/18/05-80131-020 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 inclicated 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 808, Florida Statutes.

LEDER

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

15/05

FILED