

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018245**

1. Entity Name  
2701 N. SR7 LLC



Principal Place of Business

C/O LEDER GROUP INVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE. 31  
BOCA RATON, FL 33487

Mailing Address

C/O LEDER GROUP INVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE. 31  
BOCA RATON, FL 33487



01312006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1638003

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.  
THERREL BAISDEN, P.A.  
SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400  
MIAMI, FL 33131

**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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LEDER GROUP, INC  
STREET ADDRESS 6530 W. ROGERS CIR., #31  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/16/06 80052-019 50.00

**DO NOT WRITE  
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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: Samuel Leder **Samuel E Leder** 561-995-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #