2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000018245

1. Entity Name 2701 N. SR7 LLC



FILED Feb 22, 2007 08:00 AM **Secretary of State**

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



01222007No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number		Applied For
16-1638003		Not Applicable
5. Certificate of Status Desired	\$5.0	 Additional

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

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	named entity submits this statement for the purpose of changi ions of registered agent.	ng its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2007		
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			Hooooooanee
NAME			U00000643556
STREET ADDRESS			03/02/07-80007-001 50.00
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		70	NOT WOITE
CITY-ST-ZIP			NOT WRITE
TITLE		IN I	THIS SPACE
NAME		114	THIS STACE
STREET ADDRESS			

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 each; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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