


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

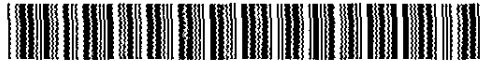
DOCUMENT # L02000018246

1. Entity Name
4201 N. FEDERAL HWY 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 |
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 16-1638006 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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**

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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 _____
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, 2004

1100000124589
 04/22/04-80050-008 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LEDER GROUP, INC. 6530 W. ROGERS CIR, STE 31 BOCA RATON, FL 33487 |
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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: _____ **4/19/04** **561-995-7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #