
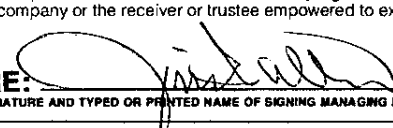


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90233 008 ****55.00

DOCUMENT # L02000021089					
1. Entity Name LEIBRA, LLC					
Principal Place of Business 1400 CHARLETON DRIVE MONTGOMERY, AL 36106			Mailing Address 615 WOODHAVEN DRIVE OPP, AL 36467		
2. Principal Place of Business 615 Woodhaven Drive			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Opp, AL			City & State		
Zip 36467			Country COVINGTON		
4. FEI Number 16-1623962			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BRANNON, GEORGE T SR. 14 CLAYTON LANE SUITE 14 GRAYTON BEACH, FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, JIM P.O. BOX 134 MONTGOMERY, AL 36101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, SUSAN T 1400 CHARLETON DRIVE MONTGOMERY, AL 36106	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			334-493-3147 2-27-04		
SIGNATURE: 			Date: _____ Daytime Phone #: _____		