

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90048 018 ****50.00

DOCUMENT # L02000033436					
1. Entity Name LEEDS PARTNERS I, LLC					
Principal Place of Business 423 SOUTH KELLER ROAD SUITE 201 ORLANDO, FL 32810			Mailing Address 423 SOUTH KELLER ROAD SUITE 201 ORLANDO, FL 32810		
2. Principal Place of Business 1151 North Orange Avenue Winter Park, FL 32789		3. Mailing Address 1151 North Orange Avenue Winter Park, FL 32789		20051083	
Zip: _____ Country: _____		Zip: _____ Country: _____		04192005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2307003				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Barcode	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVE. SUITE 340 MAITLAND, FL 32751			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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEFTKOWITZ, HOWARD B 423 S KELLER RD #201 ORLANDO, FL 328106132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1151 North Orange Avenue Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/19/05 407-667-8989 Daytime Phone #		
HOWARD B LEFTKOWITZ					