

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92172 004 ****50.00

DOCUMENT # L02000033436

1. Entity Name

LEEDS PARTNERS I, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

423 S. Keller Rd

3. Mailing Address

Suite, Apt. #, etc.

(Same)

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

201

City & State

Orlando, FL

City & State

Zip

32810-6132

Country

Zip

Country

4. FEI Number

56-2307003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Philip Tatich

Street Address (P.O. Box Number is Not Acceptable)

341 N. Maitland Ave # 340

City

Maitland

FL

Zip Code

32751

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

Signature, typed or printed name of registered agent and title if applicable.

PHILIP TATICH

4/30/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Howard B. Lefkowitz
423 S. Keller Rd #201
Orlando, FL 32810-6132

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/03 407-667-8989

CR2E083B (12/02)