2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# L03000007175

Entity Name: LEECO VENTURES LLC

Current Principal Place of Business:

1070 EAST INDIANTOWN ROAD
SUITE 308
JUPITER, FL 33477 US

New Principal Place of Business:

5245 RAMSEY WAY
SUITE 9
FORT MYERS, FL 33907 US

Current Mailing Address:

1070 EAST INDIANTOWN ROAD
SUITE 308
JUPITER, FL 33477 US

New Mailing Address:

5245 RAMSEY WAY
SUITE 9
FORT MYERS, FL 33907 US

FEI Number: 57-1151221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORM-A-CORP LLC
1070 EAST INDIANTOWN ROAD
SUITE 308
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

RONALD, YORK
5245 RAMSEY WAY
SUITE 9
FORT MYERS, FL 33907 US

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.

SIGNATURE: RONALD W. YORK 02/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: YORK, RONALD W
Address: 5245 RAMSEY WAY SUITE 9
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Change (X) Addition
Name: JOHNSON, DOUGLAS L
Address: 5245 RAMSEY WAY SUITE 9
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RONALD W. YORK MGRM 02/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date