2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005
Secretary of State

DOCUMENT# L03000012458

Entity Name: LEEDOM GROUP LLC

Current Principal Place of Business:

POST OFFICE BOX 1283
DESTIN, FL 32540

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1283
DESTIN, FL 32540

New Mailing Address:

FEI Number: 56-2341988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERKINS, THEODORE M JR.
320 HIDEAWAY BAY DRIVE
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LEEDOM, GREG
Address: PO BOX 816
City-St-Zip: DESTIN, FL 32540

Title: MGRM ( ) Delete
Name: LEEDOM, DONALD B
Address: PO BOX 816
City-St-Zip: DESTIN, FL 32540

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MBR ( ) Change (X) Addition
Name: PERKINS, THEODORE M JR.
Address: P.O. BOX 1283
City-St-Zip: DESTIN, FL 32540

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: THEODORE M. PERKINS JR. MGRM 06/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date