


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90069 014 ****55.00

DOCUMENT # L03000012458					
1. Entity Name LEEDOM GROUP LLC					
Principal Place of Business POST OFFICE BOX 4203 816 DESTIN, FL 32540			Mailing Address POST OFFICE BOX 4203 816 DESTIN, FL 32540		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2341988	
Zip		Country		City & State	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PERKINS, THEODORE M JR. 320 HIDEAWAY BAY DRIVE DESTIN, FL 32550			7. Name and Address of New Registered Agent Name DONALD B. LEEDOM Street Address (P.O. Box Number is Not Acceptable) 340 VIKINGS WAY BLVD. City DESTIN FL Zip Code 32541		
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 <u>DONALD B. LEEDOM</u> <i>[Signature]</i> 05/22/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDOM, GREG PO BOX 816 DESTIN, FL 32540	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDOM, DONALD B PO BOX 816 DESTIN, FL 32540	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PERKINS, THEODORE M JR. P.O. BOX 1283 DESTIN, FL 32540	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDOM, DONALD B PO BOX 816 DESTIN, FL 32540	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDOM, DONALD B PO BOX 816 DESTIN, FL 32540	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDOM, DONALD B PO BOX 816 DESTIN, FL 32540	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDOM, DONALD B PO BOX 816 DESTIN, FL 32540	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: <u>DONALD B. LEEDOM</u> <i>[Signature]</i>			05/22/06 850 699-8071		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		