

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90020 002 ****50.00

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02282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000030000 1. Entity Name LEADCREATIONS.COM, LLC					
Principal Place of Business 7300 BISCAYNE BLVD. 305 MIAMI, FL 33138			Mailing Address 7300 BISCAYNE BLVD. 305 MIAMI, FL 33138		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 86-1080715	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIDOVIC, RONALD 7300 BISCAYNE BLVD. 305 MIAMI, FL 33138				7. Name and Address of New Registered Agent Name DAVIDEL DAVIDOVIC Street Address (P.O. Box Number is Not Acceptable) 7300 BISCAYNE BLVD, SUITE 305 City MIAMI FL 33138	
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 KOYUNCU, HAKAN 7300 BISCAYNE BLVD. SUIT # 305 MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIDOVIC, RONALD 7300 BISCAYNE BLVD. MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Hakan Koyuncu</i> - HAKAN KOYUNCU				02/28/2005 305.762.4140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	