


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000031043 1. Entity Name LEDANTEC ACRES, LLC	
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Principal Place of Business 3914 WEBER STREET SARASOTA, FL 34232	Mailing Address 3914 WEBER STREET SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0244517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOSWELL, ALEXANDRINE L 3914 WEBER STREET SARASOTA, FL 34232	DO NOT WRITE IN THIS SPACE
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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. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000582114
01/11/07-80016-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSWELL, ALEX ANDRINE L 3914 WEBBER ST SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGE, YVONNE L 114 10TH ST E SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANFORD, ANDREE L 6908 WOODMERE DR RALEIGH, NC 27162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCOIS LEDANTEC REVOC. LIVING TRUST 12990 MORRIS TRAIL COLORADO SPRINGS, CO 80908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: Alexandrine L Boswell 1/8/07 (941) 922-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #