

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90061 047 \*\*\*\*55.00

20051704



|   |   |  |   |  |                 |
|---|---|--|---|--|-----------------|
| <b>DOCUMENT # L03000040622</b><br>1. Entity Name<br>L/D LEESBURG, LLC   |   |  |   |  |                 |
| Principal Place of Business<br>933 LEE RD., STE. 400<br>ORLANDO, FL 32810   |   |  | Mailing Address<br>933 LEE RD., STE. 400<br>ORLANDO, FL 32810 |  |                 |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |  |                 |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  |                 |
| City & State  |   | City & State   |   |  |                 |
| Zip   | Country   | Zip  | Country   |  |                 |
| 04262005  |   |  | Chg-LLC   |  | CR2E083 (10/03) |
| 4. FEI Number<br>35-2217603   |   |  |   | Applied For<br>Not Applicable  |                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |  |   | \$5.00 Additional Fee Required   |                 |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                   |  |                 |
| JOHNSON, BRYAN A<br>933 LEE RD., STE. 400<br>ORLANDO, FL 32810  |   |  | Name  |  |                 |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)            |  |                 |
|   |   |  | City  |  |                 |
|   |   |  | <b>FL</b>   |  | Zip Code        |
| 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 _____   |   |  |   |  |                 |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |  |                 |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>JOHNSON, BRYAN A<br>933 LEE ROAD, STE 400<br>ORLANDO, FL 32810 <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>JOHNSON, ROBERT N<br>933 LEE ROAD, STE 400<br>ORLANDO, FL 32810 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | MGRM<br>WILLIAM G. TALLEY JR.<br>933 LEE Rd, Suite 400<br>ORLANDO, FL 32810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |
| 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:  |   |  | 4/26/05 407-629-5595  |  |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date Daytime Phone #  |  |                 |