


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040622 1. Entity Name L/D LEESBURG, LLC	
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Principal Place of Business 933 LEE RD., STE. 400 ORLANDO, FL 32810	Mailing Address 933 LEE RD., STE. 400 ORLANDO, FL 32810
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04242006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2217603	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, BRYAN A 933 LEE RD., STE. 400 ORLANDO, FL 32810

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, BRYAN A 933 LEE ROAD, STE 400 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, ROBERT N 933 LEE ROAD, STE 400 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALLBY, WILLIAM G JR 933 LEE RD, STE 400 ORLANDO, FL 32810
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**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: Bryan A. Johnson 4/25/06 407-629-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #