## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000043188

Entity Name: LEAD WIZARD LLC

Apr 03, 2007 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

3400 SOUTHWEST 27TH AVENUE, SUITE 601 MIAMI, FL 33133

18800 NE 29TH AVENUE, SUITE 203

MIAMI, FL 33180

**Current Mailing Address:** 

**New Mailing Address:** 

3400 SOUTHWEST 27TH AVENUE, SUITE 601

777 E. ATLANTIC AVE C2-351

MIAMI, FL 33133

DELRAY BEACH, FL 33483

FEI Number: 20-0376932

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

**ROY WEINFELD PA** 2110 SUN TRUST INT CENTER, 15 E 3RD AVE MIAMI, FL 33131 US

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

() Delete

Title:

(X) Change ( ) Addition

SHULMAN, WAYNE Name:

SHULMAN, WAYNE Name:

Address: 3400 SOUTHWEST 27TH AVENUE, SUITE 601

Address: 18800 NE 29TH AVE City-St-Zip: MIAMI, FL 33180

City-St-Zip: MIAMI, FL 33133

> (X) Change ( ) Addition Title: MGR

Title: MGR ( ) Delete

Name: MORRISON, BRIAN Address: 1872 S. BAYSHORE LN

MORRISON, BRIAN Name: Address: 3400 SOUTHWEST 27TH AVENUE, SUITE 601 MIAMI, FL 33133

City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE SHULMAN 04/03/2007