


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000045772</b>	
1. Entity Name <b>STEVEN W. LEANDER, LLC</b>	

Principal Place of Business <b>20009 NE 114 AVE EARLTON FL 32631 US</b>	Mailing Address <b>PO BOX 5129 GAINESVILLE FL 32627</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>20009</b>		3. Mailing Address <b>P.O. BOX 5129</b>	
Suite, Apt. #, etc. <b>N.E. 114 AVE.</b>		Suite, Apt. #, etc.	
City & State <b>EARLTON FLA.</b>		City & State <b>GAINESVILLE FLA.</b>	
Zip <b>32631</b>	Country <b>ALACHUA</b>	Zip <b>32627</b>	Country <b>ALACHUA</b>

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent <b>LEANDER, STEVEN W 20009 NE 114 AVENUE EARLTON FL 32631</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
--	--	---	--

4. FEI Number <b>59-3084329</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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 *STEVEN W LEANDER* DATE **2-04-08**

Signature is typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-registering)

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>	
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEANDER, STEVEN W 20009 NE 114 AVENUE EARLTON FL 32631</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U000000816949 02/14/08-80072-019 138.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: *STEVEN W LEANDER* **2-04-08 352 468 1240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE