

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 26, 2004 8:00 am
Secretary of State

05-03-2004 90117 021 ****50.00

DOCUMENT # L03000046086					
1. Entity Name LESLIE SCI, L.L.C.					
Principal Place of Business 2454 CENTERVILLE ROAD TALLAHASSEE FL 32308			Mailing Address PO BOX 13405 TALLAHASSEE FL 32317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20 044 7064	
Zip		Country		Zip	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOWREY, RONALD A 515 NORTH ADAMS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE Sole Member/President	<input checked="" type="checkbox"/> Delete				
NAME Harold C. Leslie	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 753 old Dirt Road	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP Tallahassee, FL 32317	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
(Empty row for additional entries)					
(Empty row for additional entries)					
(Empty row for additional entries)					
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(Empty row for additional entries)					
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: HAROLD C. Leslie President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/25/04 (850)422-0099 Date Daytime Phone #	

REFERENCE# L03000046086