


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90073 047 ***138.75

DOCUMENT # L03000051558 1. Entity Name LE-PSL, LLC	
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Principal Place of Business C/O LEDER GROUP, INC. 6530 WEST ROGERS CIR, STE #31 BOCA RATON, FL 33487	Mailing Address C/O LEDER GROUP, INC. 6530 WEST ROGERS CIR, STE #31 BOCA RATON, FL 33487
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2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
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Zip 33487	Country USA	Zip 33431	Country USA
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6. Name and Address of Current Registered Agent	
HASNER, MARK M ESQ THERREL BAISDEN, P.A.-SUNTRUST INT'L CTR ONE SE 3RD AVE, STE 2400 MIAMI, FL 33131	

60010759



02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0747191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	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 \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEDER GROUP INC. 6530 W RAPERS CIR #31 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sean Leder* **2/14/08** **561-995-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #