


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50.00

DOCUMENT # L03000052758		
1. Entity Name JAMES LEEPER LLC		

Principal Place of Business 7512 WOODS ROAD PENSACOLA, FL 32526	Mailing Address 5906 MONTGOMERY AVE. PENSACOLA, FL 32526
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FILED
05 MAR 29 PM 3: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0101420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent POYNER, REBECCA L 5906 MONTGOMERY AVE. PENSACOLA, FL 32526

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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 *Rebecca L. Poyner* *Rebecca L. Poyner* 3-25-05
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEEPER, JAMES 7512 WOODS ROAD PENSACOLA, FL 32526
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04/07/05--01065--014 **375.00

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: *James Leeper* 3-25-2005 850 944 4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #