



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-13-2006 90193 027 ****50.00

DOCUMENT # L03000055229					
1. Entity Name LEADERSHIP AND ASSESSMENT CENTER, L.L.C.					
Principal Place of Business 3718 CRICKET COVE ROAD EAST JACKSONVILLE, FL 32224			Mailing Address 3718 CRICKET COVE ROAD EAST JACKSONVILLE, FL 32224		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 318287914 APPLIED FOR	
Zip	Country	Zip	Country	6. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAM NORTH, RONALD 3718 CRICKET COVE ROAD EAST JACKSONVILLE, FL 32224			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTH, RONALD WILLIAM	NAME			
STREET ADDRESS	3718 CRICKET COVE ROAD EAST	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Ronald William North</i>		Date: <i>1/30/06</i>		Daytime Phone #: <i>904 223-8891</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

(MY SOCIAL SECURITY NUMBER)



01272006 Chg-LLC CR2E083 (11/05)



ATTACHMENT
30002041

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

LEADERSHIP AND ASSESSMENT CENTER, L.L.C.
3718 CRICKET COVE ROAD EAST
JACKSONVILLE, FL 32224

3/5/06
I am a one person LLC and
use my social security number
318 28 7914 as my FEI number.

Subject: LEADERSHIP AND ASSESSMENT CENTER, L.L.C.

Reference Number:

L03000055229

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION