

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057345

FILED
Apr 29, 2004
Secretary of State

Entity Name: L.E.A.P TRAINING SYSTEMS, LLC

Current Principal Place of Business:

1795 FALCON CREST DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

1915 WELBY WAY
SUITE 7
TALLAHASSEE, FL 32308

Current Mailing Address:

1795 FALCON CREST DR.
TALLAHASSEE, FL 32303

New Mailing Address:

1795 FALCON CREST DR.
TALLAHASSEE, FL 32303 US

FEI Number: 57-1197529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, CAROLYN D
1795 FALCON CREST DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ARNOLD, CAROLYN D
Address: 1795 FALCON CREST DR.
City-St-Zip: TALLAHASSEE, F 32303

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARNOLD, CAROLYN D
Address: 1795 FALCON CREST DR.
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CAROLYN D. ARNOLD

MS.

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date