

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057345

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

1891 CAPITAL CIRCLE NE
SUITE 7
TALLAHASSEE, FL 32308

New Principal Place of Business:

3330 SHADOW MOSS DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

3330 SHADOWMOSS DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

3330 SHADOW MOSS DRIVE
TALLAHASSEE, FL 32308

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
3330 SHADOWMOSS DRIVE
TALLAHASSEE, FL 32308 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/MANAGERS:

Title: MGR () Delete
Name: ARNOLD, CAROLYN D
Address: 3330 SHADOWMOSS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES:

Title: MS. (X) Change () Addition
Name: ARNOLD, CAROLYN D CEO
Address: 3330 SHADOWMOSS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

04/30/2008

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