2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014781

1. Entity Name LEONARD & LEONARD, LLC



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

3855 SAN LORENZO DRIVE PUNTA GORDA, FL 33950 Maiting Address

3855 SAN LORENZO DRIVE PUNTA GORDA, FL 33950



DO NOT WRITE IN THIS SPACE

01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 83-0387488 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, VICKI R 3855 SSAN LORENZO DRIVE PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of ch the obligations of registered agent.	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE, Registered Agent signature recurred when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

1	FITLE	MGRM
	NAME	LEONARD, FREDERICK R
	STREET ADDRESS	3855 SAN LORENZO DRIVE
	CITY-ST-ZIP	PUNTA GORDA, FL 33950
	TITLE	MGRM
	NAME	LEONARD, VICKI R
	STREET ADDRESS	3855 SAN LORENZO DRIVE
	CITY-ST-ZIP	PUNTA GORDA, FL 33950
	TITLE	
	NAME	
ļ	STREET ADDRESS	
Ì	CITY-ST-ZIP	
ļ	IITLE	
ı	NAME	
ļ	STREET ADDRESS	
١	CITY-ST-ZIP	
	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	TITLE	
	NAME	
	STREET ADDRESS	·
- 1	CITY-ST-ZIP	

MANAGING MEMBERS/MANAGERS

U00000793994 01/25/08-80033-004 138.75

DO NOT WRITE IN THIS SPACE

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 repelied or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE.

1-18-08

Daytime Phone #