2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039714 1. Entity Name 05 SEP -7 AM 8: 25 LEEPROPCO ASSOCIATES I, LLC Principal Place of Business Mailing Address 3040 AIRPORT ROAD P.O. BOX 811987 BLDG. 12, UNIT 1 BOCA RATON, FL 33481 US BOCA RATON, FL 33481 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09062005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINSEY, JOHN T Street Address (P.O. Box Number is Not Acceptable) 3040 AIRPORT ROAD **BLDG. 12, UNIT 1** BOCA RATON, FL 33481 City Zip Code FL 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 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 September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME N.B.D. DEVELOPMENT, INC. NAME 3040 AIRPORT ROAD,, BLDG, 12, UNIT 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33481 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ■ Addition NAME NAME 600059818026 09/21/05--01026--010 ***50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **50**.**00 TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-71P TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition NASE NAME STITEET 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 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. -5-05 Stal 2898552 **SIGNATURE** MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE