
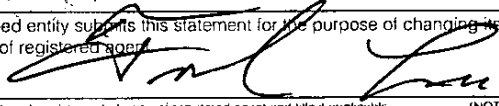


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (F/R)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90179 001 ****50.00

DOCUMENT # L04000052688 1. Entity Name LEO PREMIER HOMES LLC					
Principal Place of Business P.O. BOX 31992 PALM BEACH GARDENS FL 33420			Mailing Address P.O. BOX 31992 PALM BEACH GARDENS FL 33420		
2. Principal Place of Business 15634 98TH TRAIL NORTH		3. Mailing Address Suite, Apt. #, etc.			
City & State JUPITER FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-2370205	
Zip 33478		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name FRANK LEO Street Address (P.O. Box Number is Not Acceptable) 15634 98TH TRAIL NORTH City JUPITER FL 33478	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 2-10-06 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEO, FRANK A P.O. BOX 31992 PALM BEACH GARDENS FL 33420		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK LEO 15634 98TH TRAIL N. JUPITER, FL 33478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E083 (10/05)

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-10-06

Date

561 601 0224

Daytime Phone #

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.