



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90095 022 ****50.00

DOCUMENT # L04000062474					
1. Entity Name KASON LEONARD LLC					
Principal Place of Business 505 AVE K NE WINTER HAVEN, FL 33881			Mailing Address 505 AVE K NE WINTER HAVEN, FL 33881		
2. Principal Place of Business <i>5916 GREY FOX DRIVE</i>		3. Mailing Address <i>5916 GREY FOX DRIVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122005 Chg-LLC CR2E083 (10/03)	
City & State <i>WINTER HAVEN, FL</i>		City & State <i>WINTER HAVEN, FL</i>		4. Filing Number <i>173-1732010</i>	
Zip <i>33884</i>		Country <i>FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONARD, KASON 505 AVE K NE WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>5916 GREY FOX DRIVE</i> City <i>WINTER HAVEN</i> FL Zip Code <i>33884</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEONARD, KASON 505 AVE K NE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
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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.					
SIGNATURE: <i>Kason Leonard</i> <i>Kason Leonard</i> <i>4-30-05</i> <i>(863) 528-5822</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					