


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90283 022 ****50.00

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| DOCUMENT # L04000062886 |  |
| 1. Entity Name LECO GROUP INVESTMENTS, LLC | |

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|--|--|
| Principal Place of Business 17880 N.W. 2ND STREET UNIT #104 PEMBROKE PINES, FL 33029 | Mailing Address 17880 N.W. 2ND STREET UNIT #104 PEMBROKE PINES, FL 33029 |
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|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02132007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-1543024 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent COVOS, DAVID A 3400 N.E. 192ND STREET #2108 ADVENTURA, FL 33480 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19401 N.E. 15 Court City North Miami Beach FL Zip Code 33179 | |
|---|--|---|--|

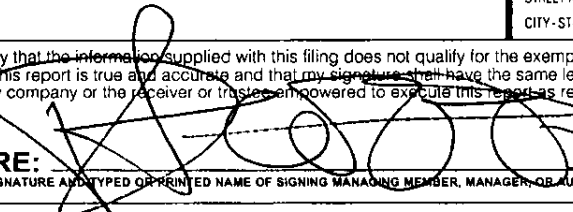
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COVOS, DAVID A 3400 NE 192ND STREET, #2108 ADVENTURA, FL 33480 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 19401 N.E. 15th Court North Miami Beach FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEISERSON, NATALIO 3784 NE 209TH TERRACE ADVENTURA, FL 33180 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T COVOS, ENRIQUE H 21205 NE 37TH AVE, #1609 ADVENTURA, FL 33180 | 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 |
| 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 |

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

SIGNATURE:  **David Covos** 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #