

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90148 003 \*\*\*\*50.00

**DOCUMENT # L04000068614**

1. Entity Name  
**LEESBURG DEVELOPMENT, LLC**



Principal Place of Business  
**61 W COLONIAL DR  
ORLANDO, FL 32801 US**

Mailing Address  
**61 W COLONIAL DR  
ORLANDO, FL 32801 US**

**20036398**



03272006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1635610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHOEMAKER, JOHN B  
61 W COLONIAL DR  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KODSI, ALBERT  
61 W COLONIAL DR  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SHOEMAKER, JOHN B  
61 W COLONIAL DR  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
COHEN, ODED  
61 W COLONIAL DR  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
KODSI, STEVE  
61 W COLONIAL DR  
ORLANDO, FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:** \_\_\_\_\_

**Oded Cohen 3/31/06 (407) 294-7931 X104**

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

Date

Daytime Phone #