

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073259

Entity Name: LEOR CONSTRUCTION LLC

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

8360 E. HWY 25
BELLEVIEW, FL 34420 US

New Principal Place of Business:

1255 LAQUINTA DR
208
ORLANDO, FL 32809 US

Current Mailing Address:

P O BOX 3067
BELLEVIEW, FL 34421 US

New Mailing Address:

1255 LAQUINTA DR
208
ORLANDO, FL 32809 US

FEI Number: 20-1723758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AKOOKA, RUBI
8360 E. HWY 25
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

AKOOKA, RUBI
1255 LAQUINTA DR
208
ORLANDO, FL 32809 US

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.

SIGNATURE:

07/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: AKOOKA, RUBY
Address: 2686 PINE SHADOW LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGMR () Delete
Name: DAVIS, DAVID B
Address: 5 GHOST PONY RD.
City-St-Zip: BLUFFTON, SC 29910 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RUBI AKOOKA

MGMR

07/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date