

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90029 020 \*\*\*\*50.00

<b>DOCUMENT # L04000083307</b> 1. Entity Name <b>J. PIERRE LEGER INTERNATIONAL, LLC</b>																													
Principal Place of Business <b>914 WATERSIDE DRIVE CELEBRATION FL 34747</b>			Mailing Address <b>PO BOX 470182 CELEBRATION FL 34747</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEL Number <b>86-1120617</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
5. Name and Address of Current Registered Agent  <b>MCDONALD-LEGER, MARIA L MARLA</b> <b>914 WATERSIDE DRIVE</b> <b>CELEBRATION FL 34747</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 re-registering) DATE _____																													
<b>FILE NOW!!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEGER, J. PIERRE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>914 WATERSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CELEBRATION FL 34747</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	LEGER, J. PIERRE		STREET ADDRESS	914 WATERSIDE DRIVE		CITY- ST- ZIP	CELEBRATION FL 34747		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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**SIGNATURE:**

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

**3-2-2005**

Date

**866-960-2583**

Daytime Phone #

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.