

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000088773

FILED
Oct 13, 2005
Secretary of State**Entity Name:** LEAP GROUP III, LLC**Current Principal Place of Business:**515 N. FLAGLER DRIVE
SUITE R-517
WEST PALM BEACH, FL 33401**New Principal Place of Business:**513 CLEMATIS STREET
UNIT C
WEST PALM BEACH, FL 33401**Current Mailing Address:**515 N. FLAGLER DRIVE
SUITE R-517
WEST PALM BEACH, FL 33401**New Mailing Address:**513 CLEMATIS STREET
UNIT C
WEST PALM BEACH, FL 33401**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZALEZ, RODOLFO E
515 N. FLAGLER DRIVE
SUITE R-517
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**GONZALEZ, RODOLFO E
513 CLEMATIS STREET
UNIT C
WEST PALM BEACH, FL 33401 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: RODOLFO E. GONZALEZ

10/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGMB () Delete
Name: GONZALEZ, RODOLFO E
Address: 515 N. FLAGLER DRIVE, SUITE R-517
City-St-Zip: WEST PALM BEACH, FL 33401 US**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: GONZALEZ, RODOLFO E
Address: 513 CLEMATIS STREET, UNIT C
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: RODOLFO E. GONZALEZ

MGR

10/13/2005

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