## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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CITY-ST-ZIP

## Apr 01, 2005 8:00 am Secretary of State **DOCUMENT # L04000090554** 04-01-2005 90156 030 \*\*\*\*50.00 1. Entity Name LEILAN PROPERTIES, LLC Principal Place of Business Mailing Address 2004011 225 FLAME AVENUE 225 FLAME AVENUE MAITLAND, FL 32751 MAITLAND, FL 32751 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 CR2E083 (10/03) Cha-LLC 4. FEI Number 20-2577548 City & State Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRY, STONER, DELANCETT & BROWN, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801 City Zip Code FL B. 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: Recistered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Change Addition Delete TITLE LEILAN HOLDINGS, LLC NAME NAME 225 FLAME AVENUE STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addilion Delete TITI F TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Addition ☐ Channe TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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 not 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 employees to receive this report as required by Chapter 608, Florida Statutes.

PEOLOGY PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**