

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010744

FILED
May 01, 2009
Secretary of State

Entity Name: LEESBURG DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

1507 E. CONCORD STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1507 E. CONCORD STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3800542 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:

BENGE, TONY M JR
1507 E CONCORD ST
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENGE, TONY M JR.
Address: 1507 E. CONCORD STREET
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: DICKSON, RUSSELL K JR.
Address: 20 N. ORANGE AVE. STE. 1500
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: TIESCHE, STEVE
Address: 1026 SE 9TH AVE.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: TONY BENGE

MGR

05/01/2009

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