

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022886

Entity Name: PATTI LEINS LLC

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

1526 FOX GLEN DRIVE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

1898 MEETING PLACE  
ORLANDO, FL 32814

**Current Mailing Address:**

PO BOX 3076  
WINTER PARK, FL 32790 US

**New Mailing Address:**

FEI Number: 06-1741992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEINS, PATRICIA P  
1526 FOX GLEN DRIVE  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

LEINS, PATRICIA P  
1898 MEETING PLACE  
ORLANDO, FL 32814 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: PATRICIA P.LEINS

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEINS, PATRICIA P  
Address: 1526 FOX GLEN DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEINS, PATRICIA P  
Address: 1989 MEETING PLACE  
City-St-Zip: ORLANDO, FL 32814 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA P.LEINS

MGRM

04/25/2006

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