2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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Mar 23, 2006 8:00 am
Secretary of State
03-01-2006 90222 035 ****50.00

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000024814

1. Entity Name
LEO PREMIER HOMES ONE LLC

Principal Place of Business	Mailing Address
P.O. BOX 31992 PALM BEACH GARDENS FL 33420 US	P.O. BOX 31992 PALM BEACH GARDENS FL 33420 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEO, FRANK A
301 SUN TERRACE CT
PALM BEACH GARDENS FL 33403

7. Name and Address of New Registered Agent

Name: FRANK LEO
Street Address (P.O. Box Number is Not Acceptable): 15634 98TH TRAIL NORTH
City: JUPITER FL Zip Code: 33478

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LEO, FRANK A		NAME	FRANK LEO	
STREET ADDRESS	P.O. BOX 31992		STREET ADDRESS	15634 98TH TRAIL N.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420		CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: [signature] 2-10-06 561 601 0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #