2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 25, 2006 8:00 am
Secretary of State
07-25-2006 90084 030 ****50.00

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1. Entity Name

LEONARDS USA, LLC

Principal Place of Business	Mailing Address
1720 HARRISON STREET 1820 HOLLYWOOD FL 33020 US	1720 HARRISON STREET 1820 HOLLYWOOD FL 33020 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
13624 FOX GLOVE ST.	13624 FOX GLOVE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL	City & State: WINTER GARDEN, FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. FEI Number: 98-0453339 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, JOSEPH L ESQ.
1720 HARRISON STREET
1820
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENFIELD, PETER. SUMMERHOUSE, 78 HIGH ELM HALE BARNES CH WA15 -OHX	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENFIELD, PETER 13624 FOX GLOVE ST. WINTER GARDEN, FL 34787	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] PETER ROSENFIELD 04/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #