2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000028279 1. Entity Name LELAND INVESTORS, LLC				04-10-2006 90035 028 ****50.00
Principal Place of Business 1474 JORDAN HILLS COURT CLEARWATER, FL 33756		Mailing Address 1474 JORDAN HILLS COURT CLEARWATER, FL 33756		
2. Principal Place of Business 4250 Central Avenue Suite, Apt. #, etc.		3. Mailing Address 42.50 Central Avenue Suite, Apt. #, etc.		03292006 Chg-LLC CR2E083 (11/05)
St Seles by FL Zip Country		City & State St. Petersburg FL Zip County		4. FEI Number Applied For Not Applicable 5. Cartificate of Status Posited Posited Status Posited Posit
3371	1 USA	33711	usa	Fee Required
MORGAN BRUNSON, JOHN 1474 JORDAN HILLS COURT CLEARWATER, FL 33756 City - Pelesburg FL ZinCode City - Pelesburg FL ZinCode				
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 namefol (egistered agent) and title if applicable. (NOTE: Registered Agent signature (required when reinstating) DATE				
(Fi De	ling Fee is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State
9.	MANAGING MEMBER		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATERWAY INVESTMENT PRO 1474 JORDAN HILLS COURT CLEARWATER, FL 33756	Delete PERTIES, LLC	NAME (A	Mar Naterway Investment Properties, LCC 1250 Central Avenue St. Palershura FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ 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		☐ Deleta	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 Chapter 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: SIGNATURE AND TYPED OR PRINTED IN USE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #				

(727)878-0580