


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000031163</b> 1. Entity Name 3018 LESLIE DR., LLC	
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Principal Place of Business 3641 WATERS EDGE DR. ORLANDO, FL 32812	Mailing Address 3641 WATERS EDGE DR. ORLANDO, FL 32812
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**DO NOT WRITE IN THIS SPACE**



03022008No Chg-LLC CR2E083 (12/07)

4. FEI Number 55-0895971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, STEVEN A  
 1900 E. ROBINSON ST.  
 ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000924747  
 05/19/08-80013-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOULDER, PAMELA J 3641 WATERS EDGE DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOULDER, CHARLES L 3641 WATERS EDGE DR. ORLANDO, FL 32812
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**DO NOT WRITE IN THIS SPACE**

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: *Pamela J. Gouder* *4/15/08*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #