

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050489

Entity Name: LEADERNEXT, LLC

FILED  
May 08, 2006  
Secretary of State

**Current Principal Place of Business:**

12200 W COLONIAL DR, STE 303  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

411 NORTH MAIN STREET  
GALAX, VA 24333

**Current Mailing Address:**

12200 W COLONIAL DR, STE 303  
WINTER GARDEN, FL 34787

**New Mailing Address:**

411 NORTH MAIN STREET  
GALAX, VA 24333

FEI Number: 20-2878484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DAVIS, E. NICHOLAS III  
12200 W COLONIAL DR, STE 303  
WINTER GARDEN, FL 34787      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DAVIS, E. NICHOLAS III  
Address: 2710 REW CIR, STE 100  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BARTLETT, WILLIAM S JR  
Address: 189 WILLOW BEND DRIVE  
City-St-Zip: GALAX, VA 24333 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: WILLIAM S. BARTLETT, JR.

MGRM

05/08/2006

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