


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000069414</b> 1. Entity Name <b>THE LEITER GROUP, LLC</b>	
--	---

Principal Place of Business <b>309-A MAIN STREET PEORIA, IL 61602</b>	Mailing Address <b>309-A MAIN STREET PEORIA, IL 61602</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>03-0565585</b>	Applied For <input type="checkbox"/> 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  <b>LEITER, THOMAS E 200 WHEELER ROAD BOCA GRANDE, FL 33921</b>
---

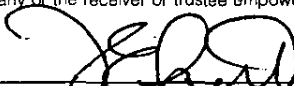
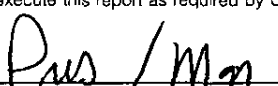
<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITER, THOMAS E 309-A MAIN STREET PEORIA, IL 61602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITER, MATTHEW T 8400 PLACIDA ROAD PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000894315 04/24/08-80023-006 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:  	1-25-2008	309-673-2922
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>