## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE AND TYPES OR PRINTE.

## **Secretary of State DOCUMENT # L05000072615** 02-15-2008 90055 002 \*\*\*138.75 1. Entity Name LEDÉR PROPERTIES, LLC Principal Place of Business Mailing Address 6530 ROGERS CIRCLE, SUITE 31 6530 ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4755 Technology Way Ste. 202 4755 Technology Way Ste. 202 02052008 CR2E083 (12/06) Chg-LLC Boca Raton, FL 33431-3338 Boca Raton, FL 33431-3338 Applied For 4. FEI Number 20-3280654 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEDER, JOSHUA A Stre 4755 Technology Way Ste. 202 6530 W ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487 Boca Raton, FL 33431-3338 Zip Code City FΙ 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 DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR 4755 Technology Way Ste. 202 ■ Addition TITLE ☐ Delete TITLE Change LEDER, JOSHUA D NAME NAME Boca Raton, FL 33431-3338 STREET ADDRESS 6530 W ROGERS CIR, #31 STREET ADDRESS CITY-ST-7/P CITY+ST-ZIP BOCA RATON, FL 33487 Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition DITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 15, 2008 8:00 am