


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90051 005 ****50.00

DOCUMENT # L05000082794	
1. Entity Name FAITH ENTERPRISES OF LEESBURG L.L.C.	

Principal Place of Business 33349 KAYLEE WAY LEESBURG, FL 34788	Mailing Address 33349 KAYLEE WAY LEESBURG, FL 34788
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2. Principal Place of Business 7308 OTTER CREEK COURT	3. Mailing Address 7308 OTTER CREEK COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State YALAH, FL	City & State YALAH, FL 34797
Zip 34797	Country USA



04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 466-87-3291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARDNER, MERRITT A 401 E. JACKSON STREET, STE. 2400 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EUBANKS, ARETHA R 33349 KAYLEE WAY LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7308 OTTER CREEK COURT YALAH, FL 34797 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *AR Eubanks* **4/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #