

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

2. Principal Place of Business
7308 OTTER CREEK COURT

3. Mailing Address
7308 OTTER CREEK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
YALAHIA, FL

City & State
YALAHIA, FL 34797

Zip

Country
USA

Zip

Country
USA

34797

34797

34797

34797

34797

34797

6. Name and Address of Current Registered Agent

GARDNER, MERRITT A
401 E. JACKSON STREET, STE. 2400
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(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**

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 YALAHIA, 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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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

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: *DR Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

✓ 4/13/06

Date

Daytime Phone #