


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # L05000092373</b>	
1. Entity Name <b>LEVERAGE, LLC</b>	

Principal Place of Business <b>2397 E. CR 466 OXFORD, FL 34484 US</b>	Mailing Address <b>P.O. BOX 297 TAVARES, FL 32778 US</b>
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3588686</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

**LOWRY, ARCHIE O JR.  
308 E. FIFTH AVE.  
MT. DORA, FL 32757**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BHATTA, SANJEEV 2397 E. CR 466 OXFORD, FL 34484</b>
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05/02/07-80108-017 50:00

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: Chang Khai Sheng      4/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #