

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099022

FILED
Apr 14, 2007
Secretary of State

Entity Name: J. DONOVAN LEIGH, LTD. CO.

Current Principal Place of Business:

4421 N.W. BLITCHTON ROAD, #430
OCALA, FL 34482

New Principal Place of Business:

21650 S.E. 42ND STREET
MORRISON, FL 32668

Current Mailing Address:

4421 N.W. BLITCHTON ROAD, #430
OCALA, FL 34482 US

New Mailing Address:

4421 N.W. BLITCHTON ROAD, #410
OCALA, FL 34482 US

FEI Number: 20-3588023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM, ANNA R
4421 N.W. BLITCHTON ROAD
#430
OCALA, FL 34482 US

Name and Address of New Registered Agent:

MCCOLLUM, ANNA R
4421 N.W. BLITCHTON ROAD
#405
OCALA, FL 34482 US

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.

SIGNATURE: ANNA RENEE MCCOLLUM

04/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EDWARDS, FRED A
Address: 4421 N.W. BLITCHTON ROAD, #410
City-St-Zip: Ocala, FL 34482 US

Title: MGRM () Delete
Name: MCCOLLUM, ANNA R
Address: 4421 N.W. BLITCHTON ROAD, #405
City-St-Zip: Ocala, FL 34482 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNA RENEE MCCOLLUM

MGRM

04/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date