

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90046 018 \*\*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                      |                                                                                            |                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000113326</b><br>1. Entity Name<br><b>LEO'S AUTO SALES LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                      |                                                                                            |                                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>4501 CAUSWAY BLVD<br/>TAMPA, F 33619</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                      | Mailing Address<br><b>4501 CAUSWAY BLVD<br/>TAMPA, F 33619</b>                             |                                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                                  |                                                                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                      | City & State                                                                               |                                                                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | Country                                              |                                                                                            | Zip                                                                                                                                                                                                                                       |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        | Country                                              |                                                                                            | 4. FEI Number<br><b>20-3869695</b>                                                                                                                                                                                                        |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                      |                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CRUZ, LEONARDO<br/>4501 CAUSWAY BLVD<br/>TAMPA, FL 33619</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                      |                                                                                            | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                      |                                                                                            |                                                                                                                                                                                                                                           |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | Make check payable to<br>Florida Department of State |                                                                                            | 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br><b>CRUZ, LEONARDO<br/>4501 CAUSWAY BLVD<br/>TAMPA, FL 33619</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 10. ADDITIONS/CHANGES<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 606, Florida Statutes. |                                                                                                        |                                                      |                                                                                            |                                                                                                                                                                                                                                           |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                      | Date: <b>4/13/06</b> Daytime Phone:                                                        |                                                                                                                                                                                                                                           |  |