2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000011053

1. Entity Name
LEAPS 'N BOUNDS LLC

Principal Place of Business	Mailing Address
5220 SHAD ROAD	5220 SHAD ROAD
SUITE 404	SUITE 404
JACKSONVILLE, FL 32257 US	JACKSONVILLE, FL 32257 US

DO NOT WRITE IN THIS SPACE

04012008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-4221052		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PUTZKE, BRIAN
5220 SHAD ROAD
SUITE 404
JACKSONVILLE, FL 32257

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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

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. -	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PUTZKE, BRIAN
STREET ADDRESS	5220 SHAD ROAD, SUITE 404
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	LIANTONIO, MICHAEL
STREET ADDRESS	5220 SHAD RD STE 404
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-2-08   904-493-0529

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