

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042278

Entity Name: LEO II, LLC

FILED  
Mar 04, 2008  
Secretary of State

## Current Principal Place of Business:

1250 LEE BOULEVARD  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

9246 SPRINGVIEW LOOP  
ESTERO, FL 33928

## Current Mailing Address:

1250 LEE BOULEVARD  
LEHIGH ACRES, FL 33936

## New Mailing Address:

P O BOX 547  
ESTERO, FL 33928

FEI Number: 20-4752186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OBODICH, ROGER R ST  
1250 LEE BLVD.  
LEHIGH ACRES, FL 33936 US

## Name and Address of New Registered Agent:

HUFFMAN, DONNA  
9246 SPRINGVIEW LOOP  
ESTERO, FL 33928 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: DONNA HUFFMAN

03/04/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HUFFMAN, DONNA S  
Address: 1250 LEE BOULEVARD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ST (X) Delete  
Name: OBODICH, ROGER R ST  
Address: 1250 LEE BOULEVARD  
City-St-Zip: LEHIGH ACRES, FL 33936

## ADDITIONS/CHANGES:

Title: PVST (X) Change ( ) Addition  
Name: HUFFMAN, DONNA S  
Address: 9246 SPRINGVIEW LOOP  
City-St-Zip: ESTERO, FL 33928

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

I hereby certify that the information supplied with this filing does not qualify 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: DONNA HUFFMAN

P

03/04/2008

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