2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 08, 2007 8:00 am Secretary of State

01-08-2007 90207 035 ****55 00

DOCUMENT # L06000055967 1. Entity Name LEAK-FINDERS, LLC Principal Place of Business Mailing Address					01 00 200	7 90207 0.	55 5	,5.00	
Principal Place 4250 SUNDA HOLT, FL 32	ANCE WAY	Mailing Address 4250 SUNDANCE WAY HOLT, FL 32564 US	i						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 427				7/ 4-00.0			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007	Chg-LLC	CR2E08	3 (12/06)		
City & State		HOLT, FL		4. FEI Numb	et		├	plied For ot Applicable	
Zip	. Country	32.564	Country U.S.A.	5. Certificate	of Status Desired	* *	5.00 Add ee Required	litional d	
	6. Name and Address of Current F	Registered Agent		7. Name and	d Address of New I	Registered A	gent	***	
			Name						
JONES, GEORGE D JR. 4250 SUNDANCE WAY HOLT, FL 32564			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
HOLI, FL	32304								
· · · · · · · · · · · · · · · · · · ·			City	FL Zip Code					
the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or reg	gistered agent, or bo	oth, in the State of Fl	lorida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State				
Fi D	iling Fee is \$50.00 ue by May 1, 2007							Đ	
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI	RS/MANAGERS	10.		Florid			e 	
D	ue by May 1, 2007	RS/MANAGERS	10. IIILE NAME		Florid	Ia Departme		Addition	
9. 11TLE	we by May 1, 2007 MANAGING MEMBER MGRM	1.10	TITLE		Florid	Ia Departme	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM JONES, GEORGE D JR. 4250 SUNDANCE WAY	1.10	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florid	la Departme	nt of State		
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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: MANAGER, LEAR FINDERS, LLC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/03/2007 850 -537-9452 Date Daytime Phone #