2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000061048

1. Entity Name

FILED Mar 14, 2007 8:00 am Secretary of State

03-14-2007 90210 030 ****50 00

LEADERBOARD INVESTMENTS, LLC 60023721 Principal Place of Business Mailing Address 5 RYEWOOD CIRCLE 5 RYEWOOD CIRCLE HOMOSASSA, FL 34446 HOMOSASSA, FL 34446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For O6-Not Applicable Zip Country Country \$5.00 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIXON, KEVIN K P.A. Street Address (P.O. Box Number is Not Acceptable) CENTERSTATE BANK BLDG. 151 EAST HIGHLAND BLVD. INVERNESS, FL 34452 Zip Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM Delete THLE ☐ Change ☐ Addition COOKE, STANLEY EDWARD NAME NAME STREET ADDRESS 5 RYEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA, FL 34446 TITLE MGRM Delete TITLE Addition ROTH, STEVEN AUSTIN NAME NAME STREET ADDRESS **5 RYEWOOD CIRCLE** STREET ADDRESS CHY-SI-ZIP HOMOSASSA, FL 34446 CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP De!ete TITLE ☐ Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CHY SI ZIP CHY-ST-ZIP HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the examptions 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: Tonly & Cooker SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEN

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/07

352-796-5500 X17

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