
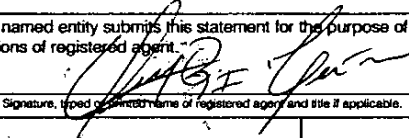
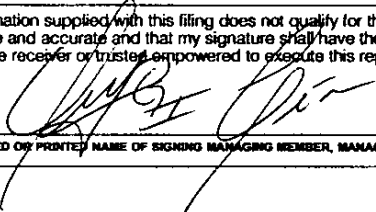


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90355 017 ****50.00

DOCUMENT # L06000102551					
1. Entity Name LEADING RESTAURANT SERVICES, LLC					
Principal Place of Business 317 SW 80TH AVENUE NORTH LAUDERDALE, FL 33068			Mailing Address 317 SW 80TH AVENUE NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business - No P.O. Box # 9134 CHOMBERS ST		3. Mailing Address 4846 N. UNIVERSITY DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #408			
City & State TAMARAC FL 33321		City & State LAUDERDALE FL		4. FEI Number 20-5741089	
Zip 33321-4150		Country USA		Zip 33351-4510	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CENTENO, OMAR I 317 SW 80TH AVENUE NORTH LAUDERDALE, FL 33068			7. Name and Address of New Registered Agent Name OMAR I. CENTENO Street Address (P.O. Box Number is Not Acceptable) 9134 - CHOMBERS ST City TAMARAC FL Zip Code 33321		
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  DATE 4-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CENTENO, OMAR I 317 SW 80TH AVENUE NORTH LAUDERDALE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OMAR I. CENTENO 9134 CHOMBERS ST TAMARAC FL 33068	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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 608, Florida Statutes.					
SIGNATURE: 			4-11-07 954-871-9563		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		