2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90127 042 ***138.75

DOCUMENT # L07000034986

1. Entity Name
LEESBURG RETAIL DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1969 S. ALAFAYA TR. #408 ORLANDO, FL 32828	1969 S. ALAFAYA TR. #408 ORLANDO, FL 32828

30005780

04042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3662 AVALON PARK E. BLVD	3662 AVALON PARK E. BLVD
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32828 Country: USA	Zip: 32828 Country: USA

4. FEI Number: 26-0165337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVERMAN, FRANK 9720 COVENT GARDEN DR. ORLANDO, FL 32827	Name: Street Address (P.O. Box Number is Not Acceptable): 3662 AVALON PARK EAST BLVD SUITE #201 City: ORLANDO FL Zip Code: 32828

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 4/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SILVERMAN, FRANK 9720 COVENT GARDEN DR. ORLANDO, FL 32827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER METZGER, MICHAEL 3926 CASSIA DRIVE ORLANDO, FL 32828	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MANAGER METZGER, MICHAEL 3926 CASSIA DRIVE ORLANDO, FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ______ 4/4/08 407-493-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #