2008 LIMITED LIABILITY COMPANY

Mar 03, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000069190** 01-14-2008 90051 007 ***138.75 1. Entity Name LEADERSHIP OWNERS LLC Principal Place of Business Mailing Address "Thanata 🐰 8286 BAYBERRY ROAD 8286 BAYBERRY ROAD JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite. Apl. #. etc. 01102008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-0457523 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 8286 BAYBERRY RD JACKSONVILLE, FL 32256 Zip Code 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 Signature, typed or printed name of registered agent and doe if applicable. (NOTE: Registered Agent signeture required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Change ☐ Addition TITLE C) Delete CE₀ NAME NAME SCOTT, CHARLES R STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 7185 LA JOLLA, CA CITY-ST-ZIP 92037 Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-SI-7P ☐ Delete BRE ☐ Change ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTAL E Delete **FIDE** ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Channe ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

11. I hereby certify that the information subplied with this filling 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 receiper optrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS

CJTY-SJ-ZP

Delete

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:
BIGHATURE AND TYPED CHARRITED HAME OF SIGNING MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytone Prene 4