

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90077 011 ****50.00

DOCUMENT # L98000000025

1. Entity Name
LEADERSHIP DEVELOPMENT, LLC



Principal Place of Business
717 ALTALOMA AVE. SUITE A
ORLANDO, FL 32803

Mailing Address
717 ALTALOMA AVE. SUITE A
ORLANDO, FL 32803

20004290



2. Principal Place of Business
1801 East Colonial Dr.

3. Mailing Address
1801 East Colonial Dr.

01212005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.
Suite #168

Suite, Apt. #, etc.
Suite #168

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3490740

Applied For
Not Applicable

Zip
32803

Country
USA

Zip
32803

Country
USA

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

6. Name and Address of Current Registered Agent

ELLRODT, BRENDA L
2801 WELLS AVE. #141
FERN PARK
ORLANDO, FL 32730

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Brenda Ellrodt

1-25-05

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WU, MARTIN
717 ALTALOMA AVE STE A
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WU, AMY
717 ALTALOMA AVE STE A
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEPHEN, THOMAS A
600 OLIVER STREET
TROY, MI 48064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(407) 541-0700