2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000025

1. Entity Name
LEADERSHIP DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
1801 EAST COLONIAL DR STE # 168 ORLANDO, FL 32803	1801 EAST COLONIAL DR STE # 168 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3490740	Not Applicable

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

6. Name and Address of Current Registered Agent

ELLRODT, BRENDA L
2601 WELLS AVE. #141
FERN PARK
ORLANDO, FL 32730

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	MGRM
NAME	STEPHEN, THOMAS A
STREET ADDRESS	~~600 OLIVER STREET~~ 7904 E Chaparral Rd Su. 7C A 110, PMB#605
CITY-ST-ZIP	~~TROY, MI 48084~~ Scottsdale, AZ 85250

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Brenda L Ellrodt_   1-5-06   4078981266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #