

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED

05 NOV -2 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000182

1. Entity Name  
13016 LEEDS, L.L.C.



Principal Place of Business  
13016 LEEDS COURT  
TAMPA, FL 33612

Mailing Address  
ONE GALLERIA BLVD., STE 1950  
METAIRIE, LA 70001



05092005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1414790

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SMUCK, MICHAEL B  
13016 LEEDS COURT  
TAMPA, FL 33612

**DO NOT WRITE IN THIS SPACE**

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

Filing Fee is \$50.00  
Due by September 7, 2005

*Thomas NOV - 2 2005*

9. MANAGING MEMBERS/MANAGERS

TITLE	MBR
NAME	MBS REALTY INVESTORS, LTD.
STREET ADDRESS	ONE GALLERIA BLVD., SUITE 1950
CITY - ST - ZIP	METAIRIE, LA 70001
TITLE	MBR
NAME	SMUCK, MICHAEL B
STREET ADDRESS	ONE GALLERIA BLVD., SUITE 1950
CITY - ST - ZIP	METAIRIE, LA 70001
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000061141930  
11/03/05--01048--006 \*\*50.00

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 2005**

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:  DATE: 10/10/05

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

Date Daytime Phone #