

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 _____

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 September 7, 2005

Thomas NOV - 2 2005

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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: _____

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

Date

Daytime Phone #