

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000954**

1. Entity Name  
LEESBURG VENTURE I, L.C.



Principal Place of Business  
1300 WEST NORTH BLVD.  
LEESBURG, FL 34748

Mailing Address  
1300 WEST NORTH BLVD.  
LEESBURG, FL 34748



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3530794

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NEWMAN, RICHARD P  
1000 W MAIN STREET  
LEESBURG, FL 34748

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
VANGUARD ASSOCIATES, INC.  
1900 THE EXCHANGE, SUITE 180  
ATLANTA, GA 30339

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
GRIZZARD, THOMAS D  
1300 WEST NORTH BLVD  
LEESBURG, FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
GRIZZARD, LAURI A  
1300 WEST NORTH BLVD  
LEESBURG, FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000837882  
03/05/08-80008-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *X*

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

Date

Daytime Phone #

*2/19/08* *352 787 6966*