

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90593 042 \*\*\*\*50.00

<b>DOCUMENT # L99000005125</b>					
<b>1. Entity Name</b> LEGER DEVELOPMENT ASSOCIATES, LLC					
<b>Principal Place of Business</b> 5654 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884			<b>Mailing Address</b> 402 BURNS LANE WINTER HAVEN, FL 33884 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b>  BURNS9, GERALD 402 BURNS LANE WINTER HAVEN, FL 33884				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				DATE	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				<b>Make check payable to Florida Department of State</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>20020359</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM BURNS, RITA B 15 SKIDMORE ROAD WINTER HAVEN, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM KACHSITE LTD 1501 1ST ST S. WINTER HAVEN, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM LEDGER, KEITH 3311 FOX RIDGE DRIVE WINTER HAVEN, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM HONER, RICHARD 1270 LAKE ROY DRIVE WINTER HAVEN, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM KOMLODI, EDMUND 2910 SEQUOYAH CIRCLE HAINES CITY, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM SMITH, CHARLES 549 ALACHUA DRIVE, SE WINTER HAVEN, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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.</b>					
<b>SIGNATURE:</b>				2/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	