

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90142 039 \*\*\*\*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>4. FEI Number</b> 02022006 Chg-LLC CR2E083 (11/05) 59-3612966		
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</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>FL</b> Zip Code		
<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>  SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> BURNS, RITA B <b>STREET ADDRESS</b> 15 SKIDMORE ROAD <b>CITY-ST-ZIP</b> WINTER HAVEN, FL	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> KACHSITE LTD <b>STREET ADDRESS</b> 1501 1ST ST S. <b>CITY-ST-ZIP</b> WINTER HAVEN, FL	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> LEDGER, KEITH <b>STREET ADDRESS</b> 3311 FOX RIDGE DRIVE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> HONER, RICHARD <b>STREET ADDRESS</b> 1270 LAKE ROY DRIVE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> KOMLODI, EDMUND <b>STREET ADDRESS</b> 2910 SEQUOYAH CIRCLE <b>CITY-ST-ZIP</b> HAINES CITY, FL	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> SMITH, CHARLES <b>STREET ADDRESS</b> 549 ALACHUA DRIVE, SE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> <u>GERALD R. BURNS</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <u>2/13/06</u> Daytime Phone #: <u>863-3247687</u>		