

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007392

FILED
Apr 26, 2006
Secretary of State

Entity Name: LEERS WEINZAPFEL ASSOCIATES/HLM HEERY INTERNATIONAL JOINT VENTURE, LLC

Current Principal Place of Business:

4700 MILLENIA BLVD
SUITE 550
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

4700 MILLENIA BLVD
SUITE 550
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3608116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WASS, MICHAEL
Address: 4700 MILLENIA BLVD, SUITE 550
City-St-Zip: ORLANDO, FL 32839

Title: MGR () Delete
Name: LEERS, ANDREA
Address: 280 SUMMER ST.
City-St-Zip: BOSTON, MA 02210

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: EGLESTON, ROBERT
Address: 4700 MILLENIA BLVD. SUITE 550
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT EGLESTON

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date